2007-2008 Annual Report

Mamawetan Churchill River Health Region


Saskatchewan Ministry of Health
Mamawetan Churchill River Regional Health Authority
(2007 Population 22,017)
LEGEND
Regional Health Authority
Rural Municipalities
Roads
Indian Reserves
Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
Wollaston Lake
Southend
Missinipe
Pinehouse Lake
Stanley Mission
Island Falls
Sandy Bay
Pelican Narrows
Deschambault Lake
Creighton
Denare Beach
Timber Bay
HISC GIS Unit, RA, 01/16/2008, RHA_11.DWG

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The electronic version of this annual report may be found at: www.mcrrha.sk.ca

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

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Phone: (306) 425-2422
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To the Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2007-08 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

Respectfully submitted,

Al Rivard

Al Rivard, Chairperson
Mamawetan Churchill River Regional Health Authority

Who We Are

Saskatchewan Ministry of Health Vision

"Building a province of healthy people and healthy communities."

MCRRHA Mission, Vision and Values

Mission:

Working together in wellness to promote, enhance and maintain quality of life.

External Vision:

A vibrant community, rich in northern heritage, supported through wellness, tradition and culture.

Internal Vision:

A safe, respectful environment of teamwork, learning and continuous improvement, representative of the communities we serve.

Values:

Wholistic Care: Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.

Respect: The unique worth of each individual will be valued in our relationships, decisions, and actions.

Competence: A commitment to knowledge, standards, ethics and improvement.

Team Approach: Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Accountability: Having the courage to do what is right, guided by honesty and a devoted responsibility for our people and our resources.

Service Philosophy:

We believe that:

- All cultures, values and beliefs are meaningful and should be acknowledged (this includes cultural and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Strategic Themes:

- To improve access to health services:
  - Improve access to continuing care;
  - Improve access to therapies;
  - Enhance client care experience;
  - Improve access to inpatient detox unit;
  - Positively impact the social determinants of health;
  - Identify opportunities for collaboration, cooperation, and communication with human service delivery partners to enhance service delivery to northern residents.

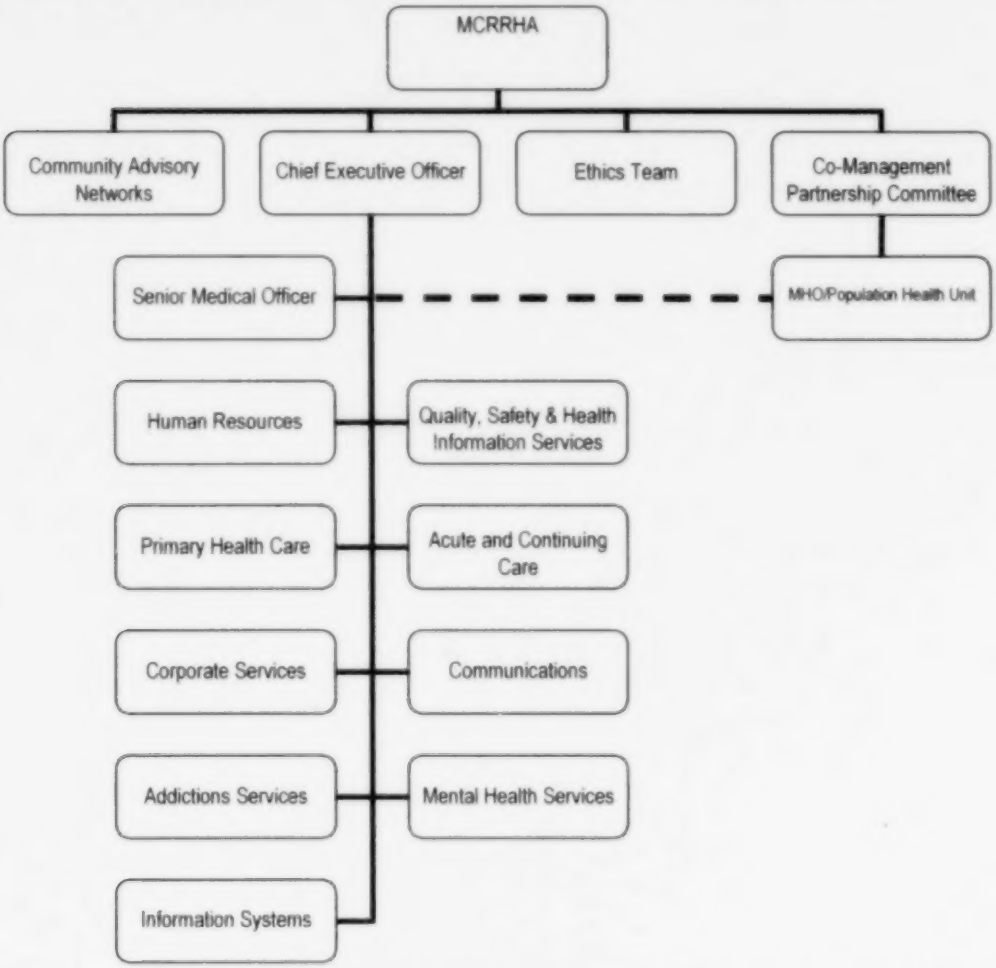
- Supporting health promotion and disease prevention:
  - Residents living within MCRHR will adopt/maintain healthy lifestyles particularly in the area of physical activity and healthy eating;
  - Reduce substance use and abuse within MCRHR;
  - Reduce preventable injuries;
  - Reduce communicable disease.

- Recruiting, retaining and training employees:
  - MCRHR will be a preferred employer.

- Organizational Development and Effectiveness:
  - All work plans in the organization will reflect MCRHR's mission, vision, values and philosophical statements;
  - Development of a plan to ensure information exchanges both internally and externally to inform the annual planning processes of the region;
  - MCRHR will be a sustainable, efficient, accountable and quality health organization;
  - Financial sustainability.

Organizational Chart:

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions.



The Leadership Group is made up of the Chief Executive Officer and those reporting directly to her, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Director of Nursing, Director of Facilities and Operations, Director of RN/NP Education, Manager of Health Promotion, Employee and Patient Safety Coordinator, Employee Benefits & Disability Management Coordinator, Representative Workforce Coordinator, Finance Coordinator and Executive Assistant.

Health Care Organizations & Other Third Party Relationships:

- CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Contracted Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., NOR-MAN RHA (Flin Flon General Hospital Ambulance Service).

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Health Region are designed to respond to the changing needs of our clients.

Population Health

The Population Health Unit provides public health and population health services to the three northern health authorities under a Co-Management Agreement, with input and direction from each of the northern health authorities for activities in their areas.

The Population Health Unit staff include the public health nutritionist, dental health educator/technical consultant, five public health inspectors, the manager of environmental health, environmental health protection coordinator, chronic disease control nurse (health promotion), support staff, communicable disease control nurse/immunization coordinator, nurse epidemiologist, director and the Medical Health Officer.

The roles and responsibilities for the Population Health Unit include:

- Liaison, Consultation and Advice
- Legal and Enforcement
- Disease and Risk Surveillance, Control and Prevention, including health status reporting
- Planning and Evaluation
- Health Promotion
- Education

Environmental health programs are delivered by the Population Health Unit to the three northern health authorities by the manager and staff of five Public Health Inspectors.

Services include consultation, education, and inspections/regulatory programs for public water systems, small volume sewage systems, plumbing, public accommodation and food service to the public. Public Health Inspectors enforce environmental health protection sections of The Public Health Act, 1994, regulations under the Act, and requirements of the Tobacco Control Act.

Physician Services

At the La Ronge Health Centre, physician services are arranged through Northern Medical Services. Physicians provide inpatient services (including obstetrics) and emergency room coverage, and perform pre-booked outpatient procedures in the Emergency Department.

On a weekday basis, the physician group offers medical services for scheduled appointments and minor emergencies at the La Ronge Medical Clinic. In addition, they travel regularly to Stanley Mission, Pinehouse, Southend and Wollaston offering patient care to clients in these communities.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region living not only in La Ronge, but in many northern communities. The acute care unit is staffed by well trained registered nurses and licensed practical nurses, several of whom have

worked in this community for over 25 years. Attending physicians are staffed through Northern Medical Services.

Emergency/Outpatients

The emergency department at the La Ronge Health Centre is open 24 hours a day for people who require urgent or emergency care.

Inpatient Beds

The La Ronge Health Centre has 18 acute care beds including one observation bed for patients whose condition warrants close monitoring and 4 short stay beds for those patients who require nursing and medical care for less than 24 hours, but who do not need admission to acute care.

Laboratory, X-Ray & Ultrasound

There is a very modern laboratory, x-ray and ultrasound department staffed by highly qualified and well experienced technicians. These departments also serve the outlying communities by providing diagnostic services to the people living throughout the central area of the region.

Labour and Delivery

Mothers choosing to deliver their babies in La Ronge are encouraged to do so providing their physician feels it is safe and appropriate.

Physiotherapy/Occupational Therapy

Physiotherapy and occupational therapy services are provided in La Ronge by visiting professionals, and between visits, the treatment plans are carried out and supported by a trained therapy assistant.

Podiatry (Foot Health)

Foot health and podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. This service is available to all residents of the region.

Primary Care/Public Health

Community Health Educators

Community Health Educators are local workers who assist other health care providers deliver services and programs, and assist individuals and families to access the services and programs they require. Community Health Educators are located in La Ronge, Pinehouse and Sandy Bay.

Dental Services

The Children's Dental Program delivers dental health education and prevention, diagnostic and limited restorative dental services for all preschoolers and children attending provincial schools up to age 16 years. The main focus of the Dental Program is on prevention activities such as the school fluoride mouth rinse programs, preschool screening and fluoride varnish programs, as well as sealants for permanent molars. Individual dental care is performed by registered Dental Therapists and Certified Dental Assistants or Dental Aides and a licensed Dentist in Health Region school-based dental clinics. Dental Clinics are located at the La Ronge Health Centre, Pre Cam Community School in La Ronge, Gordon Denny Community School in Air Ronge, Minahik Waskahigan Elementary School in Pinehouse, Creighton Community School, Hector Thiboutot Community School in Sandy Bay, and the Weyakwin Health Centre.

Diabetes Educator

Services are available to individuals and families living with diabetes from a multidisciplinary team that may include a physician, diabetes nurse educator, dietitian, community health educator,

and other health care workers. The team provides education (both individual and group) for knowledge and skills needed to manage diabetes and prevent complications, and offers ongoing follow-up as needed.

Dietitian

The community dietitian provides a variety of services to the communities of La Ronge, Air Ronge, Pinehouse, Stanley Mission, Sandy Bay and Southend. Examples of these services include: diabetes education, nutrition and lifestyle counselling, support for nutrition and healthy living programs and initiatives, consultations to food service providers, as well as education and partnerships with various community groups and schools.

Gambling Educator

The Gambling Extension Health Educator provides resources including information and education to schools, agencies and other groups in Northern Saskatchewan about problem gambling prevention.

Health Centres/Clinics

Primary Care is available at the Health Centres in Pinehouse and Sandy Bay. These are staffed by qualified nurse practitioners, with doctors visiting on a regular basis. In La Ronge, a nurse practitioner works in cooperation with the physicians at the La Ronge Medical Clinic. Residents in the Creighton area can receive primary care through the NOR-MAN Health Region in Flin Flon, Manitoba.

Health Promotion

Health Educators offer information and activities that will assist Northerners to make choices that will help them to achieve a healthier lifestyle. This includes education that will help in prevention of substance abuse, achievement of mental well being, healthy eating, smoking cessation, healthy pregnancies and active lifestyles.

Immunizations

Public Health Nurses offer a variety of immunization services including:

- Child Health Clinics
- School Health Immunizations
- Influenza Vaccination Clinics
- International Travel Immunizations
- Staff Immunizations
- Adult immunizations

Needle Exchange Program

Public Health Nurses in La Ronge offer a needle exchange program for clients who require discreet and confidential provision of clean intravenous supplies as well as information, education and services to enhance personal safety.

Pre and Post Natal Care

Public Health Nurses offer one-on-one prenatal counselling and referrals as appropriate. In La Ronge, group prenatal classes are offered, as well, and a Breastfeeding Support Group meets once a month.

All postpartum clients are followed up upon discharge from hospital. Visits include weighing the baby, education, support, and referral where necessary.

Sexual Wellness

A Health Educator works in partnership with Northern Lights School Division teachers to offer education, information and skills training to students about all aspects of human sexuality.

Continuing Care/Long Term Care

In La Ronge, supportive care is provided along a coordinated continuum of services from home care, meals on wheels, wheels to meals, adult day program, social health, respite and residential care. As well, home care services are provided in Creighton, Sandy Bay, Pinehouse and Weyakwin.

Continuing care services are coordinated through the single point of entry service provided by the client care coordinator of La Ronge Home Care. A strong volunteer program is crucial to ensuring our social wellness, meals and activity programs are successful.

Adult Day Program

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home care is a service that is based on standardized assessments. Trained home health aides may assist the client with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. There is a charge for some home care services. Home care nurses provide care and monitoring of clients requiring this care.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. Residents participate in a variety of social activities including baking, gardening, crafts and church services. They are assisted to return to their home communities for visits and to participate in short outings or go to other facilities for special rehabilitation care.

Respite Care

In addition to permanent residential supportive care at Nikinan, there are 2 rooms dedicated to providing care for people who request residential supportive care for a brief period of time.

Addictions & Mental Health

Addictions Counselling

In La Ronge, adult services are provided on a one-to-one and group counselling basis. A three week cycle of adult group programming is delivered every month. Other services available are: a) SGI screening; b) the New Beginnings Program which provides intervention and prevention services to address Fetal Alcohol Spectrum Disorder (FASD) issues; c) community and school presentations; and d) referrals to other treatment centres.

In Pinehouse and Sandy Bay, adult and youth services are provided on a one-to-one counselling basis. Other services available are: a) SGI screening; b) community and school presentations; and c) referrals to other treatment centres.

In Creighton, addictions prevention and treatment services are available through the Creighton Alcohol and Drug Abuse Council (CADAC).

Detoxification

The Social Detox unit at the La Ronge Health Centre has eight beds available to assist clients (those who have no medical detox requirements) to safely complete their withdrawal from

alcohol and drugs. Inpatient beds are provided for clients to attend group programming and one-to-one counselling.

Mental Health Counselling

The Mental Health Program provides education, support and counselling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well being. These services are provided by staff in Creighton, La Ronge, Pinehouse and Sandy Bay.

Project Hope Youth Services

As part of the Project Hope initiative, youth services are provided out of the Kikinahk Friendship Centre in La Ronge. These services include one-to-one counselling, an addictions education program and an outpatient day program.

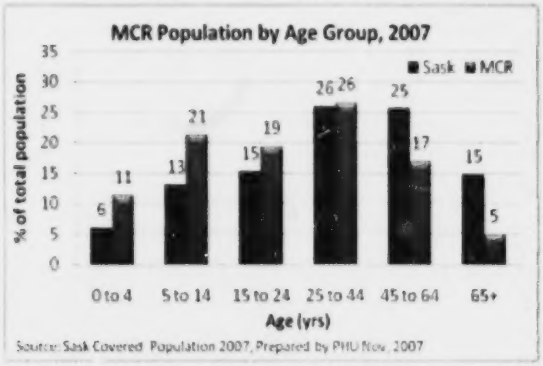
Telehealth

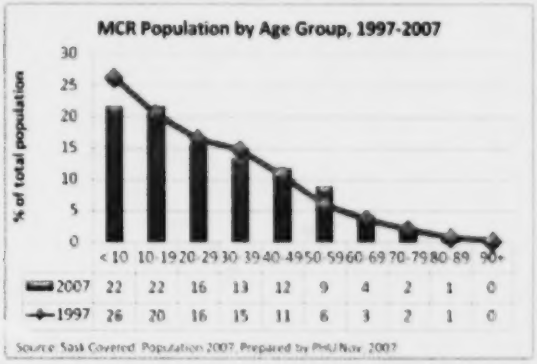
Telehealth is a means of delivering health care services and education through interactive video, audio and computer technologies. Telehealth enhances the ability to provide patient care, regardless of geographic location. Our region currently has four Telehealth sites: La Ronge, Pinehouse, Sandy Bay and Creighton.

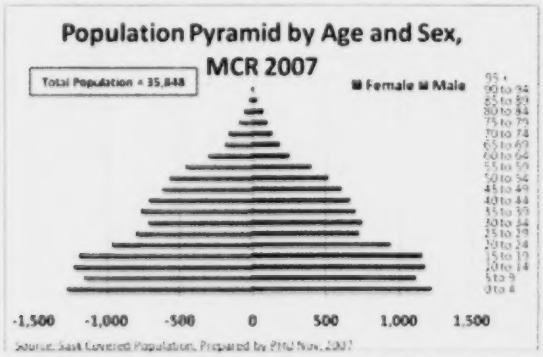
Our Region

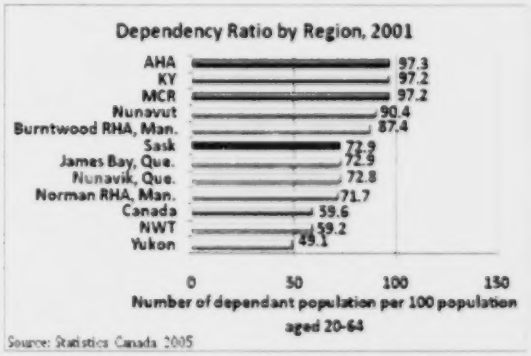
The Mamawetan Churchill River Health Region provides service to over 22,000 residents in the north-east area of Saskatchewan. Geographically, it is the largest Saskatchewan health region, covering nearly 25% of the entire province.

Population: The Mamawetan Churchill River (MCR) Health Region continues to have a young, growing population. In 2007, MCR had 32% of its population under 15 and only 5% aged 65 or older. Saskatchewan had only 19% under 15 but 15% were aged 65 or older. The MCR population has increased by 14.4% in the past 10 years. The age groups with the greatest increase in numbers are the 10-19 and 40-60 age groups. The absolute population increase in each of these age groups has implications on health needs and health service requirements. MCR along with Keewatin Yatthé Health Region and the Athabasca Health Authority have the highest 'dependency ratio' of all other health regions in Canada. This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators – regions with high dependency ratios indicate economically stressed areas.

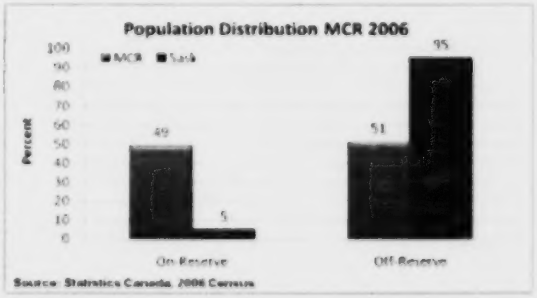






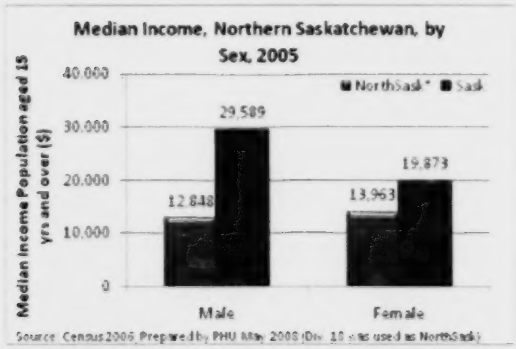


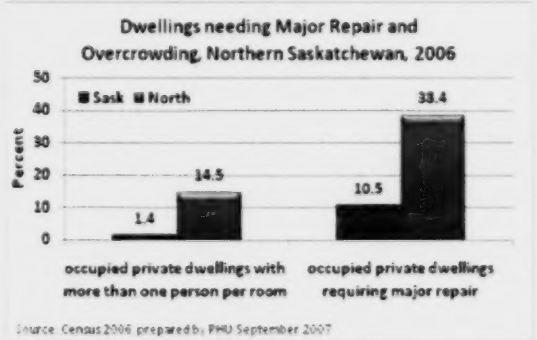
In 2006, approximately half the residents in MCR lived on-reserve (49% on-reserve, 51% off-reserve). This is in marked contrast to the overall Saskatchewan population with only 5% of the population living in reserve communities.



Non-medical (socio-economic) determinants of health

- **Varied school enrolment changes:** Enrolment in northern K-12 schools grew by 4% between 1998/9 and September 2007. Most of the growth has been in middle years and secondary enrolments in both provincial and First Nation schools. Enrolments in northern kindergarten and elementary grades decreased by 25% and 19%, respectively. (Northern Saskatchewan Regional Training Needs Assessment Report 2008)
- **Less Aboriginal language spoken in homes in the north but still higher than the south:** An Aboriginal language was spoken in the homes of 40.9% of northern people in 2006, down from 50.7% in 2001, compared to 2.4% of Saskatchewan people, down from 3.0% in 2001.
- **High Aboriginal population:** 76.6 % of the MCR population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)
- **Low employment rate:** The employment rate in MCRHR was 43.9%, compared to 63.5% in Saskatchewan in 2001. In 2006, the employment rate for the North was 24.2% lower than the province.
- **Low personal income:** In the MCRHR, the average personal income for males ($21,250) and females ($16,754) was 67.8% and 81.7% of the average incomes for their Saskatchewan counterparts. (Census 2001). In 2006, median income for northern males (12,848) and females (13,963) aged 15 and over was only 43% and 70% of their provincial counterparts.
- **High crowding and homes in need of major repair:** In Northern Saskatchewan, 14.5% of occupied private dwellings have more than 1 person per room, compared to only 1.4% in the province as a whole. As well, nearly 40% of occupied private dwellings are in need of major repair, compared to only 10.5% in the province as a whole.



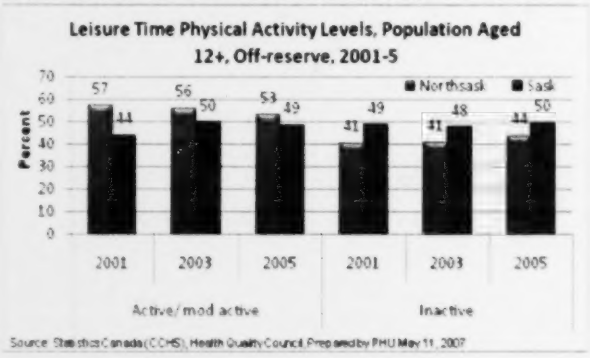


The indicators for the non-medical determinants of health for the Mamawetan Churchill River Health Region indicate significant challenges. The high dependency rate, as well as the low employment rate, are indicators of economic stress, with implications on childhood poverty levels, as well as overall health. The growing segments of the population put additional stresses on the health services in the region. The current high proportion of adolescents in the population, combined with the growth in the young adult and middle-age groups will impact numbers of individuals with diabetes, heart disease, chronic lung disease, and cancer, as well as conditions common in adolescents and young adults including injuries, pregnancies, and sexually transmitted infections.

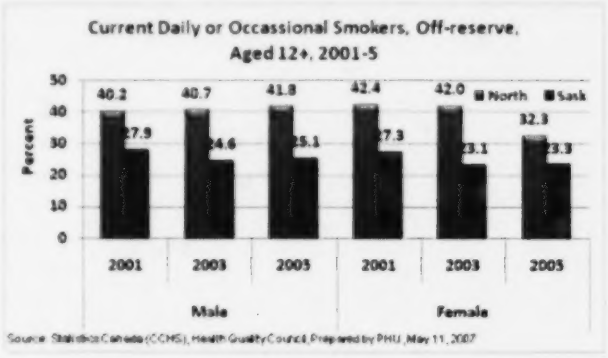
Health status and outcome indicators:

Disparity in BMI increase: People who are classified as overweight have a Body Mass Index of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-2005 which emphasizes the important continuing need for intersectoral health promotion initiatives.

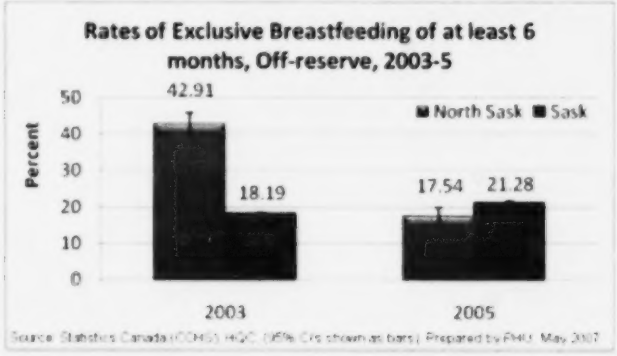
In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels. However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).



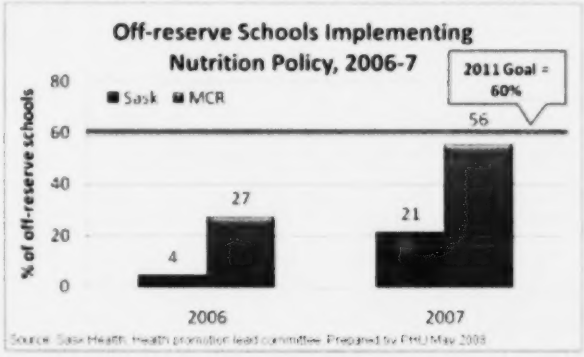
Smoking rates: Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005. The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher then provincial rates in 2005 (25.1% in males and 23.3% in females).



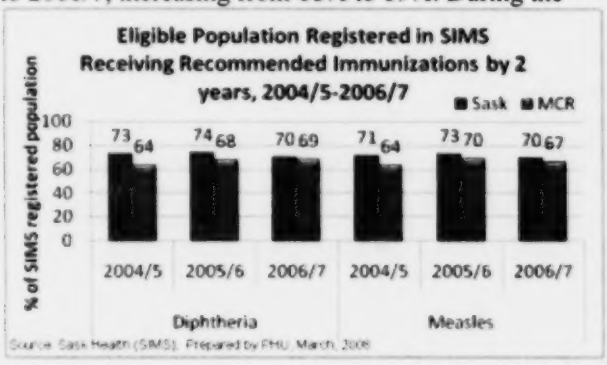
Breastfeeding: The percentage of off-reserve northern mothers that breastfed exclusively to at least 6 months decreased substantially between 2003 (42.91%) and 2005 (17.54%). During the same time period the provincial rate increased slightly from 18.19% to 21.28%. Though small numbers of people involved in the northern component of the CCHS may have some influence on this northern variation, confidence intervals suggest that this change is a significant reduction in breastfeeding rates in northern Saskatchewan. Further investigation will be required to suggest an explanation for the decrease.



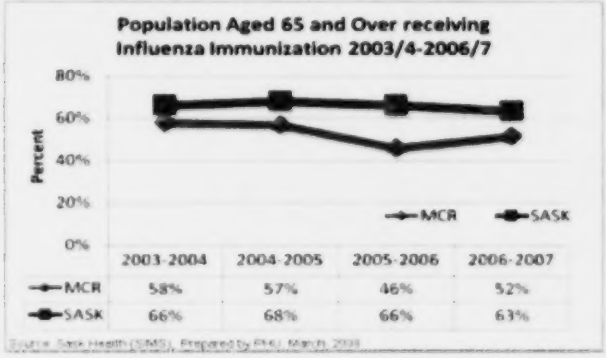
School nutrition policies: Schools that have a written nutrition policy have taken the important first step of implementing nutrition policies, which in turn can be an important component of a healthy school environment that promotes healthy lifestyles for its students. The provincial goal is for 60% of all schools in the province having written school policies by the year 2011. In 2006, MCR had the highest proportion of schools that were implementing a nutrition policy (27%). By 2007, the percent of schools with a written school policy had more than doubled in MCR, to 56%. Currently MCR has the second highest percent of schools with a written nutrition policy in the province and is more than double the provincial rate of 21%.



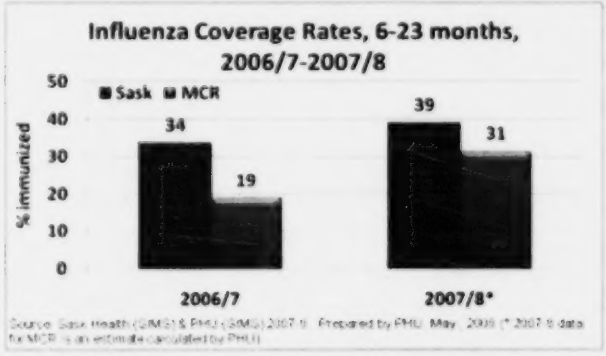
Immunization: The percentage of MCR clients registered in the Saskatchewan Immunization Management System (SIMS) that received the recommended immunizations for diphtheria remained about the same between 2005/6 to 2006/7, increasing from 68% to 69%. During the same time, coverage rates for measles decreased from 70% to 67% in MCR. At the provincial level, small decreases were noted, changing from 74% to 70% for diphtheria and 73% to 70% for measles, during the same time period. Overall, coverage rates for MCR were slightly lower than the province for diphtheria (70 to 69%) and measles (70 to 67%) during 2006/7.



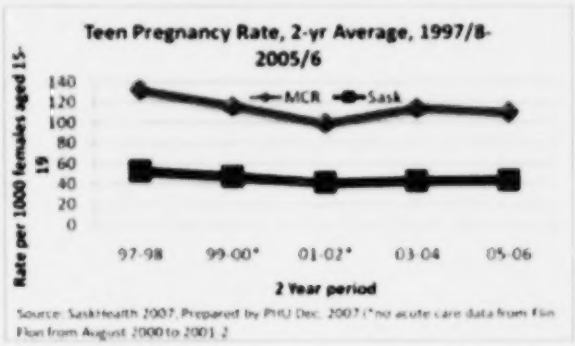
The percentage of the MCR population aged 65 and over, on and off-reserve, that received the influenza immunization steadily increased between 2005/6 and 2006/7, from 46% to 52%. During that same time, Saskatchewan rates slightly decreased, from 66% to 63%, remaining 11% higher than the MCR rate (63% to 52%).



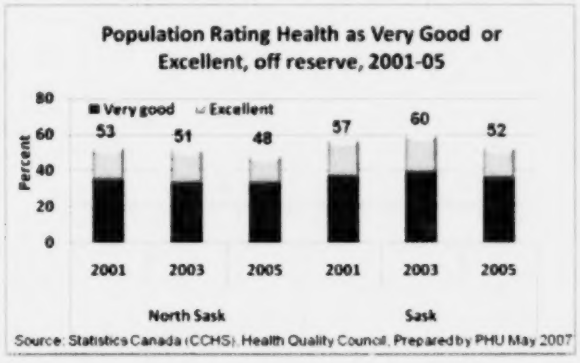
Due to the upgrade to the Saskatchewan Immunization Management System (SIMS), we were informed that the influenza coverage rates for the three northern health regions were neither representative nor reflective of coverage for the 2007/8 season. In order to track progress in our influenza coverage, the PHU calculated an estimate for the 2007/8 season. It is recognized that combining this data with previous data, calculated with different methodology, is not ideal. The percentage of MCR clients aged 6 to 23 months that received an influenza immunization increased from 19% in 2006/7 to 31% in 2007/8. At the same time the Saskatchewan coverage rate increased from 34 to 39%, which is now 8% higher than the coverage rate of MCR. The increase in MCR may in part be explained by the different methodology, as well as a concerted effort to increase coverage rates. Concerted efforts to increase coverage rates need to continue.



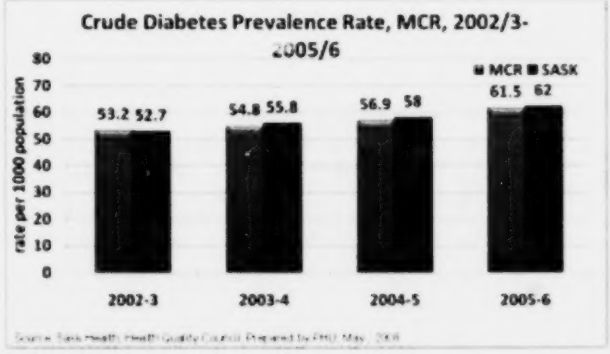
Teen pregnancies: The teen pregnancy rate in MCR had been gradually decreasing from 132 pregnancies per 1000 females aged 15-19 yrs in 1997/8, to 100 pregnancies in 2001/2. However, in 2003/4 the rate had a slight increase to 114 pregnancies per 1000 females aged 15 to 19 years of age. This rate remained relatively stable in 2005/6 at 110 pregnancies. The provincial rate remained the same between 2003/4 and 2004/5 at 43 pregnancies per 1000 females, and is less the half the MCR rate. It should be noted that from August 2000 until 2001-2 acute care data is missing from Flin Flon, which may explain part of the decrease between 1997/8 to 2001/2.



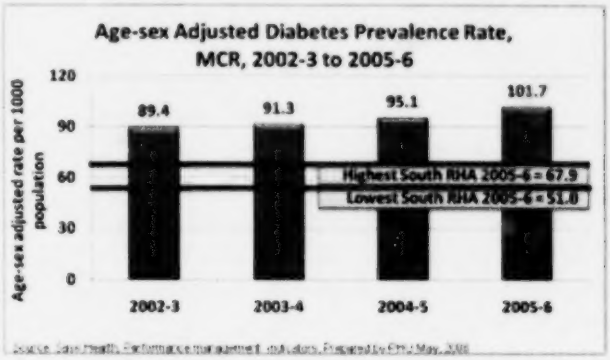
Self rated health status: Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot. Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in both 2003 and 2005) but has decreased in the excellent category (18.4% in 2003 and 15.1% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.8% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.



Diabetes rate: The proportion of MCR individuals living with diabetes (prevalence rate) has been steadily increasing since 2002-3, up by 16% in 2005-6. The provincial numbers have seen similar increases over the same time frame, going from 52.7 cases per 1,000 population in 2002-3 to 62 cases in 2005-6.



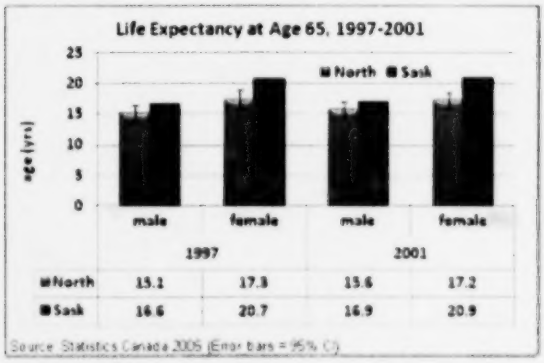
As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The adjusted proportion of people living in MCR with diabetes has been steadily increasing since 2002/3, up by 12.3 cases in 2005/6 and is currently the highest rate in the province, 50% higher than the closest southern RHA. This would indicate the overall risk of diabetes is much greater in MCR than in the southern RHAs.

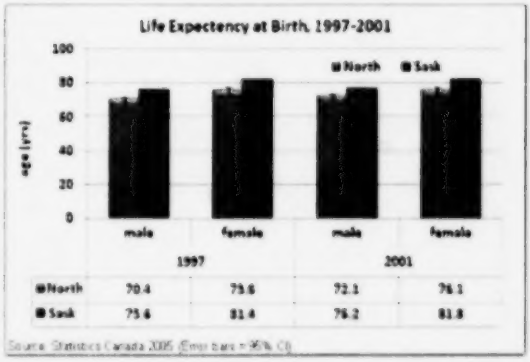


Life expectancy (at birth and at age 65 years): The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

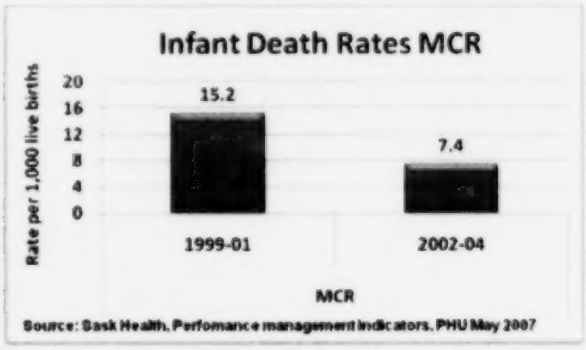
The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.

Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.

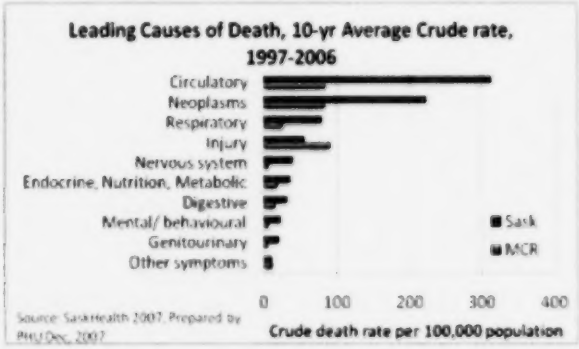




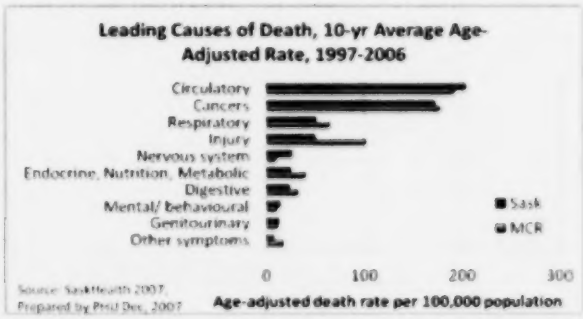
Infant Deaths: There were 9 infant deaths in the MCR Health Region in the three year period of 2002 to 2004 compared to 21 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This data shows more than a 50 percent decrease in the infant mortality rate (IMR) from 15.2 infant deaths per 1,000 live births in 1999-2001 to 7.4 in 2002-4. However, preliminary data indicates the 2005 rate increases to 22.1 deaths per 1000 live births. Thus, changes in the MCR infant mortality rate must be evaluated with caution. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004. The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.



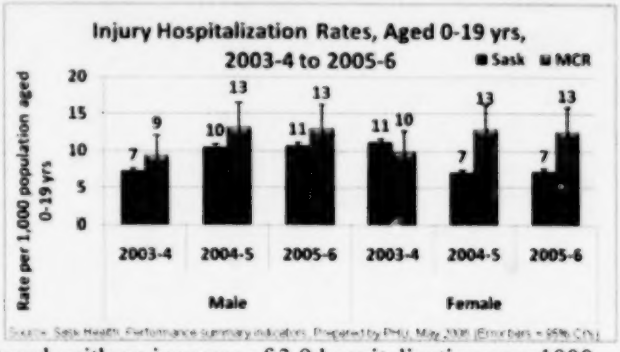
Leading Causes of Death: The leading causes of death in MCR (crude rate) between 1997 and 2006 were neoplasms, circulatory diseases, and injuries. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in MCRHR is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such respiratory diseases are more common).



As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, circulatory diseases, neoplasms, injuries and respiratory diseases remain the four leading causes of death in MCR; however these rates are now very similar to the provincial rates except for injuries which is over twice the provincial rate. Age-standardization allows for a more accurate comparison of health risks between population groups.

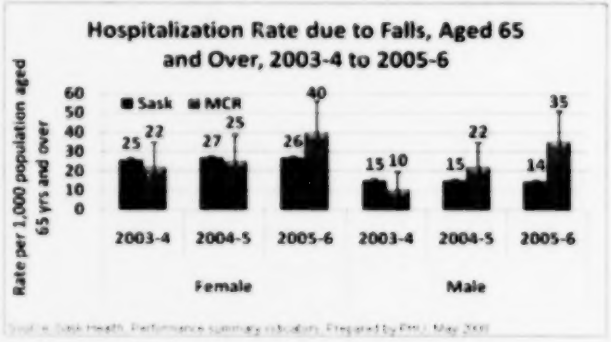


Injury Hospitalization: In MCR, the injury hospitalization rate for female children and youth aged 0-19 increased from 9.8 hospitalizations per 1000 population to 12.9 between 2003/4 and 2004/5. This level has remained relatively constant in 2005/6, at 12.6 hospitalizations per 1000 population, which is still substantially higher than the provincial rate of 7.0 hospitalizations.

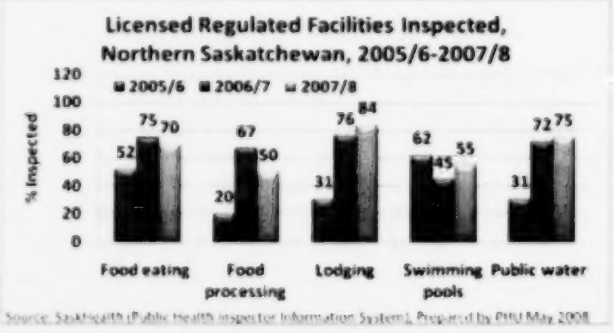


In MCR males, there has been a similar trend, with an increase of 3.9 hospitalizations per 1000 population aged 0-19 yrs, between 2003/4 and 2004/5. This rate remained relatively constant in 2005/6 at 13.0 hospitalizations, which is higher than the provincial rate of 10.6. However, caution should be taken when comparing the northern rates, as the relatively small numbers of injury-related hospitalizations can lead to wide fluctuations in year to year rates, as well as lower confidence in the values. This is illustrated in the very large 95% confidence intervals. The continuation of north wide health promotion strategies to deal with issues of substance abuse and mental well-being will be important to assist in the prevention of injury hospitalizations and deaths.

Hospitalization due to falls: The hospitalization rate due to falls in the MCR population aged 65 and over, rose in males from 22.0 falls per 1000 population in 2004/5 to 35.3 in 2005/6. In MCR females, the rate also rose from 25.0 to 39.9, over the same time period. At the provincial level, the male rate remained relatively constant decreasing from 14.7 in 2004/5 to 14.3 in 2005/6. Over the same time period, the provincial female rate decreased slightly from 26.6 to 26.4 falls per 1000 population. However, caution should be taken when comparing the northern rates, as the relatively small numbers of hospitalizations due to falls can lead to wide fluctuations in year to year rates, as well as lower confidence in the values (as seen by the very large 95% confidence intervals).



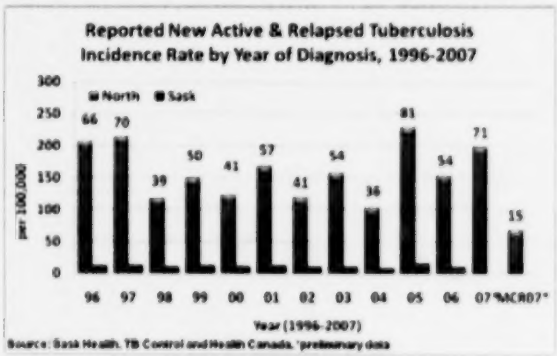
Inspection rates: The percentage of licensed or regulated facilities that were inspected in the North increased for swimming pools, lodging and public water supplies by 10, 8 and 3 percent, respectively, between 2006/7 and 2007/8. During the same time period, inspection rates for food eating and food processing establishments, decreased by 5 and 17%, respectively.



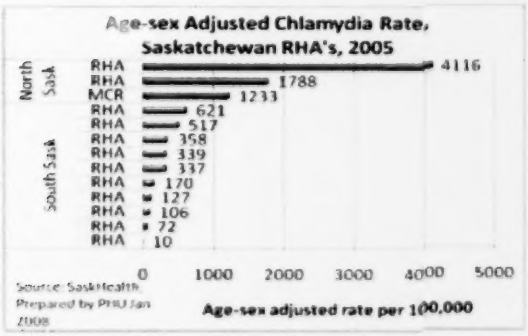
In both cases, inspection rates in 2007/8 were substantially higher than rates during the 2005/6 year (18% for food eating and 30% for food processing). It is important to note there are very few swimming pools and food processing establishments in the north, thus small changes in the number of inspections, or quality of the data, can lead to large fluctuations in inspection rates from year to year. There has been a concerted effort to clean up the data management system to achieve more accurate numbers in the future. As well, we continue to face challenges in delivering inspection programs in remote fly in fishing camps. The health inspectors plan air travel to make the most efficient use of resources, however they occasionally arrive at camps that are not open or parts of the operation are not functioning (e.g. whirlpool is not in operation so inspection, water sampling and water testing cannot be completed). Thus, that inspection, or component of the inspection cannot be completed resulting in decreased inspection rates. Our target for completion of licensed facilities is completion of 100% of facilities in our area; we will continue to focus on high quality service delivery, improve data collection and data management of the Environmental Health System and ensure that programs are delivered.

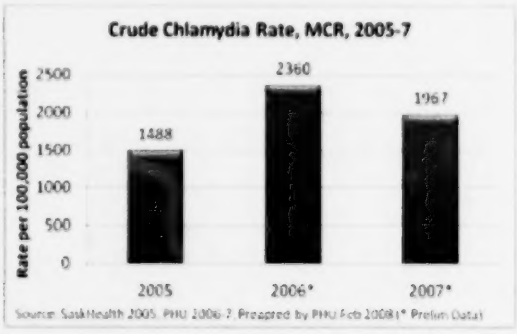
Emerging health issues

Tuberculosis: In 2007 the North had an increase in its TB rate from 152.5 cases per 100,000 in 2006 to 198.1 cases in 2007. On average, between 1996-2006, the northern Saskatchewan new and relapsed TB incidence rate has been 32 times greater than the southern Saskatchewan rate. Of the 71 new active and relapsed TB cases in the North in 2007, 15 were residents in MCR. The 2007 rate in MCR of 68.1 cases per 100,000 population also remains considerably higher than the provincial rates over the past 10 years. Of the 15 new active and relapsed TB cases that occurred in MCR in 2007, 14 occurred on reserve and 1 occurred off-reserve.

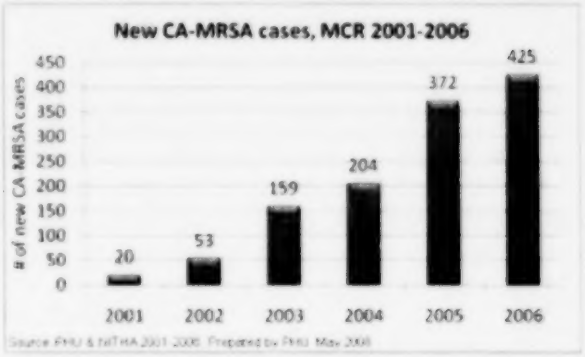


Sexually Transmitted Infections: After adjusting for age and sex, the 2005 rate of chlamydia in MCR, 1233 cases per 100,000 population, remained 2 times higher than the closest Southern Health Region. Using preliminary PHU data, the MCR crude chlamydia rate initially increased by 58.6%, from 1488 cases in 2005 to 2360 cases in 2006, before decreasing in 2007 to 1967 cases per 100,000 population. The 2007 rate remains nearly 32.1% above 2005 levels.

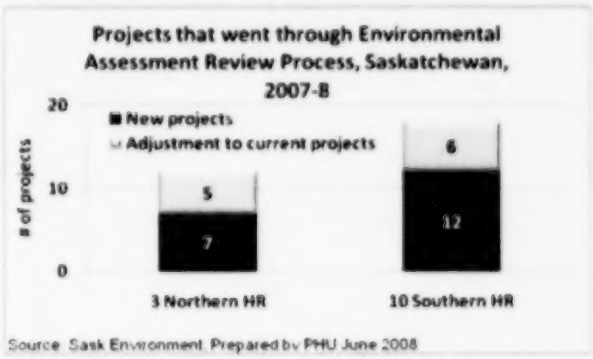




MRSA: Methicillin-resistant Staphylococcus aureus (MRSA), a Staphylococcus bacterium resistant to common antibiotics including methicillin, has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA (CA-MRSA). In the north, the community-acquired MRSA predominates and has been on the rise in MCR since 2001. The number of new CA-MRSA reached its highest total in 2006 with 425 new cases. CA-MRSA can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. Increased attention to community-based hygiene conditions and education as well as infection control strategies are required.



Environmental Assessment: There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes and economic development but also has potentially serious ramifications as it relates to social health concerns. Our Population Health Unit was involved with 7 new projects across the north that went through the environmental assessments review process this past year. This accounted for 36.8% of the total number of projects that went through the review process in Saskatchewan. As well, there were 5 projects that had adjustments made to their plans that required them to go through the review process. This is almost the exact same number (45%) as the other 10 southern health regions combined, which had 6 projects with adjustments. The north was also involved with 4 human health risk assessments in 2007-08.



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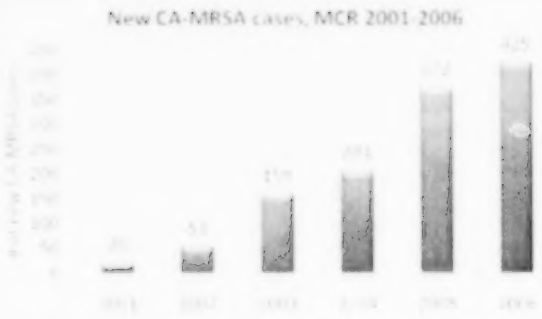

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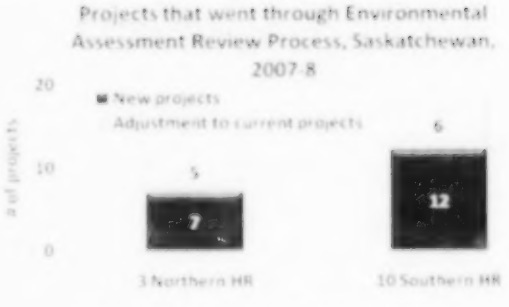

2007-2008 Results at a Glance

- The percentage of RHA population with geographic proximity to primary health care teams remains at 100%, far above the provincial value of 27.8%. Primary health care teams have been standard in the north for years.
- Telehealth capability has been extended to Creighton Health Centre – this will support clients to access service.
- Over 800 clients received Addiction Prevention and Recovery Services through the region.
- To improve access to addictions services in Pinehouse, a full time Addictions Counsellor position was established in that community.
- A new HandiVan was purchased by the Town of La Ronge for use by the region's Home Care program.
- New digital x-ray equipment was installed at La Ronge Health Centre.
- The region continued its participation in and support of initiatives of the Northern Healthy Communities Partnership such as:
    - Babies, Books and Bonding - a literacy project;
    - Drop the Pop Campaign;
    - Active Communities Team including Northern Physical Activity Week.
- Participation continued in the Northern Antimicrobial Resistance Partnership – promoting actions to diminish transmission of infections.
- Over $10,000 was awarded to communities through Wellness Grants for projects that promote healthy living.
- The percentage of licensed or regulated facilities that were inspected in the North, which includes MCRHR, increased for swimming pools, lodging and public water supplies by 10, 8 and 3 percent, respectively, in 2007-08 from the previous year.
- Across the north, the Population Health Unit was involved with seven new projects, and five projects with adjustments, that went through the environmental assessments review process this past year. In addition, there were four human health risk assessments.
- The number of lost-time WCB claim and days per 100 full time equivalents remain well below the provincial averages. This is probably due to ongoing staff safety education and awareness.
- Since the implementation of the Representative Workforce Program in 1999, there have been 165 Aboriginal Employees hired. To date, 154 of MCRHR's current staff (53.87%) have received Aboriginal Awareness Training, which assists the region in providing a workplace environment reflecting mutual respect and dignity.
- OOS Managers attended a one day course called Discipline and Discharge as part of ongoing labour relations training for managers.
- An Employee and Patient Safety position was created in part to address training needs of staff related to Occupational Health and Safety.
- Health Promotion Team initiated monthly Break and Learn sessions for staff across the region.
- Thirteen educations sessions on Quality, Risk Management and Employee and Patient Safety were held. A total of 92 staff attended.
- A staff newsletter, *Spirit of Mamawetan*, began publication on a monthly basis.
- The three northern health authorities supported the recruitment of an Infection Control Practitioner through the co-managed Population Health Unit.

- Emergency Preparedness Plans were completed for Sandy Bay and Pinehouse Health Centres.
- The Ethics Committee membership was established and self directed learning on ethics was undertaken by the committee.
- The region participated in a VFA Assessment – this assessment examined regional capital infrastructure and has resulted in a report that will aid development of a regional capital plan.
- A Patient Safety Committee has been established.
- The Privacy Commissioner did a presentation for the Board and for the region's Privacy Committee. A total of 48 staff and Board members attended these sessions.
- The updated region website went online in November, 2007.
- A toll-free telephone line was established and is posted on the website. This makes it possible for residents throughout the region to reach the Quality of Care Coordinator at no cost.
- The region organized a fundraising Golf Tournament that raised $13,000 for new medical equipment.
- The region continues to enhance its relationships with organizations and community groups to be more effective in addressing health care needs. An extensive list of partnerships is included in Appendix A.
- The Mamawetan Churchill River Health Region had another successful year financially as it posted a surplus of $90,439 on operations.

2007-2008 Performance Results

During 2007-08, the Mamawetan Churchill River Health Region continued to address provincial goals through its regional strategic plan. Included below is a discussion of mandatory indicators, as well as some key accomplishments related to each goal.

Goal 1: Improved access to quality health services

- The percentage of RHA population with geographic proximity to primary health care teams remains at 100%, far above the provincial value of 27.8%. Primary health care teams have been standard in the north for years. The total number of discrete clients receiving primary health care services increased slightly to 19,014 from 18,596 the previous year.
- The region received funding to support an additional primary care nursing position in Pinehouse.
- Telehealth capability has been extended to Creighton Health Centre – this will support clients to access service.
- The number of persons in the health region receiving service from Healthline increased to 2,739, up by 775 from the previous year. The service continues to be promoted in health centres and on the region's website.
- Over 800 clients received Addiction Prevention and Recovery Services through the region. The average wait time for admission to alcohol and drug detoxification services was only half a day. The average wait time for admission to alcohol and drug outpatient

services was 2.7 days. Admission to alcohol and drug inpatient services had a longer wait time of 15.1 days. This is due primarily to the limited availability of inpatient beds.

- To improve access to addictions services in Pinehouse, a full time Addictions Counsellor position was established in that community.
- Youth services through Project Hope were enhanced through the provision of three tracks of programming – counselling, treatment planning, family sessions and skills development; prevention and education efforts; and treatment services for chemically dependent youth.
- A community support grant through Project Hope was awarded to NorthSask Special Needs Housing, Employment and Recreation, Inc. to provide extra community support to La Ronge residents struggling with addiction issues.
- A Mental Health Social Worker position was established in Sandy Bay.
- A new HandiVan was purchased by the Town of La Ronge for use by the region's Home Care program.
- La Ronge Home Care initiated a monthly seniors' lunch for clients of the Home Care program – this is a social outing with a meal and then a presentation on health information or other information of interest to seniors.
- Home care in Sandy Bay was enhanced with dedicated nursing service.
- New digital x-ray equipment was installed at La Ronge Health Centre.
- La Ronge Medical Clinic and Pinehouse Health Centre are participants in the Health Quality Council Chronic Disease Collaborative on Coronary Artery Disease, Diabetes and Improved Access.
- Staff and Board members continued to support and participate in initiatives of the Northern Health Strategy including the Northern Chronic Care Coalition; the Oral Health Working Group; the Mental Health and Addictions Technical Advisory Committee; and the Perinatal Working Group.
- Some regional staff and residents participated in a research project "Improving Access to Health Services". Findings will be officially released in 2008-09.

Goal 2: Effective health promotion and disease prevention

- The region continued its participation in and support of initiatives of the Northern Healthy Communities Partnership such as:
    - Babies, Books and Bonding - a literacy project;
    - Drop the Pop Campaign;
    - Active Communities Team including Northern Physical Activity Week.
- Participation in the Northern Antimicrobial Resistance Partnership – promoting actions to diminish transmission of infections.
- Smoking room in Nikinan, the long term care facility at La Ronge Health Centre, was closed.
- Participated in the development of the Provincial Senior's Fall Prevention Strategy.
- Assisted in coordination of presentation on Healthy Life Choices to northern schools by Her Honour, Mrs. Naomi Barnhart.
- Over $10,000 was awarded to communities through Wellness Grants for projects that promote healthy living.

- Canada Prenatal Nutrition Program assessments were done and appropriate education provided. The health region continues to collaborate with other partners as part of the Prenatal Baby Friendly Committee in La Ronge to hold prenatal gatherings and classes.
- West Nile Virus surveillance provided.
- The percentage of licensed or regulated facilities that were inspected in the North, which includes MCRHR, increased for swimming pools, lodging and public water supplies by 10, 8 and 3 percent, respectively, in 2007-08 from the previous year.
- An exercise program for La Ronge home care and long term care clients is facilitated once per week by the physiotherapist assistant.
- The MHO and Environmental Health staff are involved in the Creighton/Flin Flon soil study related to heavy metals particularly as it relates to human health risk.
- Across the north, the Population Health Unit was involved with seven new projects, and five projects with adjustments, that went through the environmental assessments review process this past year. In addition, there were four human health risk assessments.

Goal 3: Retain, recruit and train health providers

- Sick leave hours increased this year for SGEU, HSAS and OOS employees. Even with the increase, the sick leave usage of SGEU employees is below the provincial average. Sick leave hours for SUN employees decreased significantly from last year. This may be due to the fact that the health region was able to recruit nurses for Acute Care at the La Ronge Health Centre (LRHC), thus alleviating a chronic shortage. Some OOS & HSAS employees had surgery or major medical events which increased the sick leave usage. The health region needs to fully implement the Attendance Support policy to address some sick leave issues.
- The number of wage-driven premium hours per full time equivalent increased for SGEU employees. This was due in part to the lack of a casual pool of LPNs and Special Care Aides at the LRHC. The number of wage-driven premium hours per full time equivalent for SUN decreased but it remains above the provincial average due to lack of a casual pool of RNs in Acute Care at the LRHC and call backs in the Pinehouse and Sandy Bay Health Centres.
- The number of lost-time WCB claim and days per 100 full time equivalents remain well below the provincial averages. This is probably due to ongoing staff safety education and awareness.
- Since the implementation of the Representative Workforce Program in 1999, there have been 165 Aboriginal Employees hired. To date, 154 of MCRHR's current staff (53.87%) have received Aboriginal Awareness Training, which assists the region in providing a workplace environment reflecting mutual respect and dignity.
- The health region implemented the new provincial Hire, Transfer & Exit Surveys.
- The region receives funding to hire students during the summer months to give them shadowing and mentoring experience to students not yet enrolled in health careers, as well as practical work experience for those currently enrolled in health careers. Summer students are encouraged to apply for positions in the health region upon graduation.
- OOS Managers attended a one day course called Discipline and Discharge as part of ongoing labour relations training for managers.

- The health region's Staff Orientation Program has been revised and now consists of a weeklong orientation which includes an orientation to the region as well as mandatory OH&S training.
- Staff volunteered to be trained as facilitators for mandatory OH&S training such as TLR, PART, WHIMIS, etc.
- An Employee and Patient Safety position was created in part to address training needs of staff related to Occupational Health and Safety.
- Three staff are participating in the Leadership Development Program delivered through Saskatoon Health Region.
- Established Unit Clerk and Staff Scheduler positions at La Ronge Health Centre to improve efficiency of acute care services.
- Health Promotion Team initiated monthly Break and Learn sessions for staff across the region.
- 100% of public health nurses now have national certification as Community Health Nurses after writing an exam on standards and best practice.
- Recruited a Clinical Supervisor to provide support to both Mental Health and Addictions.
- Understanding Harassment workshops were offered throughout the region.
- Thirteen educations sessions on Quality, Risk Management and Employee and Patient Safety were held. A total of 92 staff attended.
- A consultation process with all staff was conducted for input on retention strategies.
- The CEO and Board Chair conducted Open Dialogue sessions at all staff sites.
- A staff newsletter, *Spirit of Mamawetan*, began publication on a monthly basis.

Goal 4: A sustainable, efficient, accountable quality health system

- The Strategic Plan for 2007 – 2010 was approved by the Board.
- The Mamawetan Churchill River Health Region updated emergency preparedness plans for all region sites. Pandemic plans are in place and are being updated as specific plans are developed at the Northern Regions' pandemic planning meetings and at provincial meetings. Such things include anti-virals, supply continuity, etc.
- The region conducted an emergency table top exercise in La Ronge with partner agencies such as EMS, Fire Protection, municipalities, etc. in attendance.
- The Population Health Unit held a teleconference and reissued guidelines around forest fire evacuation related to smoke hazard.
- A risk management framework has been issued to all departments for review and input. Business continuity plans will be developed from these assessments. Business continuity plans are already under development for capital assets, financial assets and information technology.
- The health region reported quarterly on key activities undertaken to address public confidence. Among other items, they included health services and communications initiatives. Many of these are included in the performance results of this report.
- The three northern health authorities supported the recruitment of an Infection Control Practitioner through the co-managed Population Health Unit.
- A North-wide Infection Control Committee was supported and clarification of roles with regional infection control committees is underway.
- Reviewed Central Sterilizing and Processing practices in the region and developed a regional plan for this function.

- A Pharmacy Contract was tendered to provide support to the Primary Care sites.
- Emergency Preparedness Plans were completed for Sandy Bay and Pinehouse Health Centres.
- The Ethics Committee membership was established and self directed learning on ethics was undertaken by the committee.
- A regional Root Cause Analysis workshop was provided for staff.
- A new lab information system was installed at La Ronge Health Centre.
- The region participated in a VFA Assessment – this assessment examined regional capital infrastructure and has resulted in a report that will aid development of a regional capital plan.
- Participated in Northern Region Pandemic Planning.
- A Patient Safety Committee has been established.
- News releases to the public and information for staff were provided during Canadian Patient Safety Week.
- The Privacy Commissioner did a presentation for the Board and for the region's Privacy Committee. A total of 48 staff and Board members attended these sessions.
- Inter-agency meetings were held to discuss a strategy for informing the public of various helping services available in the community. A pamphlet was prepared and distributed to schools and many other agencies.
- The updated region website went online in November, 2007.
- A toll-free telephone line was established and is posted on the website. This makes it possible for residents throughout the region to reach the Quality of Care Coordinator at no cost.
- The region entered into a new accreditation process with Accreditation Canada. In anticipation of the Accreditation Survey in June, 2008, it completed several instruments and self-assessments. Teams reviewed the standards and began to enter evidence of compliance.
- The region organized a fundraising Golf Tournament that raised $13,000 for new medical equipment.
- The region continues to enhance its relationships with organizations and community groups to be more effective in addressing health care needs. An extensive list of partnerships is included in Appendix A.

Financial Summary

- The Mamawetan Churchill River Health Region had another successful year financially as it posted a surplus of $90,439 on operations. This surplus resulted from revenues of $20,639,544 and expenses of $20,549,115. The surplus represents 0.44% of the Region's actual operating expenditures. Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and relative financial health of an organization. Financial viability refers to a region's ability to fund growth, new programs, working capital needs and new equipment through an excess of revenues over expenses.

- Total actual operating revenues for MCRHR for 2007-08 were 1.2% ($248,039) higher than the $20,391,515 budgeted. MCRHR manages many programs with targeted dollars whereby the increase in funding (i.e. Federal Government revenue and Recovery revenue,

etc.) during the course of a year directly relates to an increase in program expenditures. That, in essence, resulted in the additional actual revenues over the original budget.

- Operating expenses were 0.77% ($157,600) higher than budget. The following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Variance Over Budget / (Under Budget)	Variance % of Actual
Acute Care	$5,600,825	$6,011,809	$410,984	7.34%
Supportive Care	529,810	602,754	72,944	13.77%
Home Based Supportive Care	133,045	215,499	82,454	61.97%
Home Based - Acute & Palliative	820,956	897,863	76,907	9.37%
Population Health Services	3,089,013	2,556,034	-532,979	-17.25%

- Acute Care variance relates to severe staff shortages/recruitment issues. Due to the absence of a registered nurse pool, staff coverage for vacancies, sick time, and vacation time were covered by existing staff at overtime rates.

- Supportive / Home Based Care (home care) sees a continuing trend of higher demand for service. This increased demand has presented an ethical dilemma for the region – increased staffing to respond to demands and needs or limit service to the capacity the region is funded. Providing home care services does diminish need for acute care service and affords a better quality of life for clients. Trends are a reflection of an increased aging population and the prevalence of chronic disease. In the region's larger communities of Creighton and La Ronge, a comprehensive home care program is provided to large numbers of clients with increasingly complex needs. Services include everything from home dialysis to tube feedings to clients with dementia/Alzheimer's disease.

- The Population Health Unit (PHU) provides work on behalf of the three northern health authorities; Keewatin-Yatthé, Athabasca and Mamawetan Churchill River. PHU is recognized provincially as a sound model for providing Medical Heath Officer services, environmental health, communicable disease follow-up and chronic disease programming related to health promotion and disease prevention. Specific funding is targeted for PHU programs. Unexpended dollars for targeted programs are deferred to the next fiscal year.

- Expenditures in program support funding pool are in line with the provincial target of 12%. In 2007-08, our percentage was 10.8%; an increase of 1% from the previous year. The increase of 1% relates to the hiring of an Infection Control Nurse (ICN), which is shared across the north. On its own, any one of the northern regions does not have the capacity to develop and implement a comprehensive and effective infection control program. The ICN addresses infection control (education, and policy development) and major communicable disease control contingency and pandemic planning.

- The region's working capital ratio, which represents the ability of the health region to use current assets to cover current liabilities, was 1.01 in 2007-08 as compared to 1.03 in the previous year. The region has 1.01 times more current assets than current liabilities. The current rate indicates the region is in a relatively stable financial position.

- The number of days to operate with working capital is 0.5 days, which is the number of days to operate without additional revenues. This number has decreased from the previous year's number of 1.7 due to required expenditures for two significant projects that were not funded by the Ministry of Health:
  1. Voice over IP (VoIP) communication system $90,000
  2. Diagnostic Imaging Equipment installation $45,000

NOTE: The Ministry of Health funded the $117,308 cost of purchasing the Imaging Equipment.

- For the 2007-08 year, Ministry of Health provided funding of $272,102, of which $142,102 was specifically for targeted for safety lifting equipment. The balance of funds was targeted for specific medical equipment (vital signs monitor, sterilizer, electric beds, etc.) and patient care and safer workplace projects (patient room renovations, CSR renovations, locking drug cabinet).

Future Outlook / Emerging Issues

The Mamawetan Churchill River Health Region continues to face challenges identified in the 2006/07 annual report due to a growing young population and a growing senior population.

Mamawetan Churchill River Health Region will continue to work in partnership with other agencies, communities and government partners to address population health issues related to environmental factors, literacy, crowded housing, etc. The website for the region describes the numerous partnerships that staff participate in at all levels of the organization (see Appendix A). Partnerships are a long standing way of working in the North. Partnerships take commitment and time to develop and flourish. The region is committed to work together with all partners to improve health status of residents in the region.

The Health Quality Council speaks of its initiative "Accelerating Excellence". This initiative looks at going "narrow and deep" and looks at health system improvement in the province. Mamawetan Churchill River Health Region is challenged at the regional level to accelerate excellence. Many opportunities exist that given time and resources could result in improved health services and health status for region residents – initiatives such as discharge planning, patient flow initiatives; chronic disease activities to improve patient services, health promotion activities to prevent disease, etc. The opportunities are there. The challenge is adding one more initiative onto the many existing responsibilities of all staff with small amounts of funding that do not increase capacity to focus on projects. In other words staff members are asked to scatter themselves and their time across many projects, making improvements as best they can as they spread themselves thinly. The alternative is to focus narrow and deep and limit new projects or justify removing projects in order to give time and attention in a focused way. There is no simple answer to this question as we struggle to ensure appropriate services are provided to clients by the appropriate health workers in the appropriate time.

One initiative that the region will focus on and that will permeate all areas of health service delivery is that of quality and patient safety. The evidence is compelling nationally and internationally that a focus on quality and patient safety will improve patient outcomes. The region will address this through:

- Staff and patient education
- Medication reconciliation initiative
- Purchase of safety lifting equipment
- Infection control initiatives

The region must continue to respond to continuing and emerging needs of region residents as well as provide programs supported by targeted funding from the Ministry of Health and/or identified in the Accountability Document for the region that is generated by the Ministry of Health. The region will continue to move initiatives forward or undertake new initiatives in the four goal areas of improved access to quality health services, effective health promotion and disease prevention, retaining, recruiting and training health providers and organizational development and effectiveness. These are:

Goal 1 – Improved Access to Quality Health Services

The region has worked hard and lobbied for dedicated Basic to Intermediate Air Medivac Services for northern Saskatchewan. Most communities in the region have some level of primary care. However, there is often a need to transfer clients to other appropriate services that are hospital based. Not all cases will be critical care in need of air ambulance services. However, because of geographic realities, distance is a factor and aircraft are relied on to transfer clients quickly and properly to appropriate care. There were approximately 400 air transfers originating in our region in 2007. The region will:

- Participate in the implementation of central dispatch for air medivacs in the 2008/09
- Continue to work toward the establishment of a dedicated Basic to Intermediate air medivac service in northern Saskatchewan.

The region will also be reviewing emergency road transport of patients to determine if existing services meet needs or need to be enhanced along with First Responder training, etc. The region will work with First Nation partners and government funders through this process.

The region will establish an Emergency Planning Officer to continue to develop the region's emergency preparedness, focus on pandemic planning, train staff and First Responders and direct efforts at ensuring emergency transportation meets needs in the region.

The region continues to have a young population with 44% under the age of 19 years in 2007. This is down 2% from 1997. In the group over age 50, the population was 16% in 2007 up 4% from 1997. Clearly there continues to be the need to have programming directed at mother and child and child and youth services. The region will continue to support its initiatives through Project Hope. In addition a Mental Health Outreach worker position has been established through targeted funding for 2008/09 that will work with children and families.
The growing older population will bring with it increasing chronic disease issues and issues of aging. It is expected that for at least the third year running that Home Care services demand will exceed funding levels. The region will be working hard to provide the data to confirm evidence

of increasing service demand. Effective home care services offset the more expensive alternative of hospitalization.

The region will continue to work with partners including the Ministry of Health to expand telehealth services. This is a very cost effective alternative to long, expensive trips to tertiary centres for a variety of specialist services. In addition, the region will look for opportunities to be part of the development and implementation of electronic health records. This development will enhance services to clients through timely information available to providers as they provide care and also will enhance patient safety.

Through the Northern Health Strategy Oral Health Working group and in partnership with First Nations, the region will be enhancing access to dental services, initially in the La Ronge area.

The region will also be working with other care providers, regions and agencies to improve transfer of clients between services, and to maximize care through comprehensive discharge planning.

Goal 2 – Effective Health Promotion and Disease Prevention

Our data shows us that in northern Saskatchewan 14.5% of occupied dwellings have more than 1 person per room. In addition almost 40% of occupied dwellings are in need of major repairs. These types of conditions contribute to transmission of disease as evidenced by the new and relapsed cases of tuberculosis that are 32 times greater than in the southern part of the province. Other social determinants of health such as employment rates which were 24.2% lower in the North than in the province and low median income rates that are between 43% and 70% that of counterparts in the province all contribute to health status.

Mamawetan Churchill River Health Region will continue to work with other human service agencies and First Nations partners to develop programming. Examples include working with Northern Lights School Division to establish career camps to help youth become familiar with health career opportunities and encourage them to acquire the necessary education for these employment opportunities.

Rates of people classified as overweight or obese in northern Saskatchewan and rates of diabetes are high. Programming must continue that educates and promotes healthy eating such as school nutrition policies, active living and intersectoral initiatives aimed at increasing physical activity. The region will continue to support the work of the Northern Healthy Communities Partnership.

Smoking rates in off reserve communities in northern Saskatchewan remains high at over 41% for males over age 12 years and over 32% for females in 2005. The impacts of smoking related to chronic disease and cancer is well documented. The region will focus increased efforts at campaigns aimed at motivating smoking cessation and will also seek out partners to assist in promoting this lifestyle change.

Health promotion and disease prevention strategies will continue to be directed at our largest population, children. Concerted effort will continue to improve immunization rates of our children. As well, we will continue to focus health promotion efforts in prenatal care, prenatal nutrition and infant feeding. The region will support the work of the Northern Health Strategy

Perinatal Technical Advisory Committee as it explores the possibility of a lactation consultant for the North. Interactions with mothers and children, with families and children and with communities will promote healthy, active and safe living and the prevention of injuries.

While the teen pregnancy rate in the region has been steadily declining it still is twice that of the province. In addition, the rate of sexually transmitted infections is over twice that of the nearest southern region. Efforts will continue on promoting healthy living, making choices and sexual wellness with youth of the region.

An increase in mineral and uranium exploration and proposed developments in the north will put additional demands on the Population Health Unit to complete environmental impact assessments.

Goal 3 – Recruit, Retain and Train Health Providers

The region has experienced some success in recruiting qualified staff for hard to recruit positions in the region. This is in part due to the recruitment grants offered through the Ministry of Health. It will be important that these grants continue to be accessible to enable the north to compete for staff.

Retention of staff will be a focus for the region. In a consultation process with staff on recruitment that was conducted in 2007, staff most frequently identified training and education opportunities as good retention tools. The region is committed to the internal vision as set by the Board that speaks to continuous learning. We will continue to provide staff with access to training and will look for cost effective ways to deliver that training. We will invest in leadership development for staff. We will also explore survey tools to enable us to acquire meaningful feedback from staff on their job satisfaction.

We look forward to action on the Career Pathing project that was launched in 2007/08. We will also continue to employ summer students to expose them to health careers. We will work with our Northern Health Strategy partners and Northern Labour Market Committee agencies to strategize next steps following the report done on Northern Health Human Resources data. The intent will be to bring health career training to the north through a variety of means and methods.

Goal 4 – Organizational Development and Effectiveness

The region will continue to work with the Ministry of Health and will meet accountability requirements. The region will work hard to provide services within available funding. A growing population, requirements for specific programming and the ethical dilemma of meeting the population needs versus cutting services and programs will challenge the ability of the region to function within available resources.

Without a casual pool of nurses for the Acute Care and Long Term Care departments of the La Ronge Health Centre, any vacancies in nursing staff will drive up overtime costs, which will push the region into a deficit position.

The region will continue to identify the importance of securing video conferencing capability within the Ministry of Health and all health regions to enable provincial meetings to be held through this means. This will reduce region costs associated with frequent trips to southern

locations while ensuring the northern voice is at the table. Savings can then be redirected to programming.

The Strategic Plan for the region will be reviewed and revised in response to our health indicator data.

The region will respond to the report on Accreditation which will be released soon and will strive to meet and respond to recommendations to ensure we continue to meet national standards for health care.

The region must continue to develop its skills and abilities to measure outcomes and use indicators to inform program planning, evaluation and program redesign. Appropriate collection and use of data will assist our efforts to secure enhanced funding for areas such as home care where demand outstrips funding.

The region has embarked on a Risk Management survey of all programs and departments. We will complete this survey and we will also complete our business continuity plans.

The region will launch a patient satisfaction survey either in concert with provincial initiatives or through a regional solution. This information will help us be proactive in responding to client needs.

Employee and patient safety will be a priority in our region. We support and want employees to come to a safe, respectful workplace where they are valued, that enables them to provide safe, appropriate services to clients.

We will continue to support development of the Ethics Committee and will educate staff on ethics issues and processes to bring ethical issues forward. We will strengthen our communications with staff through our newsletter, through leadership visibility in communities, and through dialogue sessions between the Board Chair, CEO and staff.

We will also strengthen our relationship with communities through implementation of the Community Advisory Networks. The process will begin with development of terms of reference that will give legitimacy to this consultation process.

The region will continue to seek out partnerships with the Ministry of Health, the Health Quality Council, with other regions, and with Accreditation Canada to ensure our region benefits from opportunities to ensure our staff have the most recent best practice information, and ultimately that our region's residents access the best care possible.

Governance and Transparency

Roles and Responsibilities of Mamawetan Churchill River Regional Health Authority:

The roles and responsibilities of the Authority are as defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- Strategic Planning
- Fiscal management and reporting
- Relationships
- Quality management
- Monitoring, evaluation and reporting
- Management and performance.

The RHA membership is reflective of the communities we serve and generally meets publicly 10 times per year in communities throughout the region utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. In addition to the Committee of the Whole, as described under the Act, the RHA has three standing committees, as follows:

- Continuous Quality Improvement;
- Joint Conference;
- Human Resource Committee.

The entire Board acts as the Audit Committee. The Ethics Team reports directly to the Board and includes a Board representative.

Two RHA members serve on the Northern Health Leadership Working Group of the Northern Health Strategy. The Chair and Vice-Chair are also members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, SAHO Board, Provincial Advisory Council on Older Persons, Flin Flon/Creighton Human Health Risk Community Advisory Committee and the NorSask Laundry Board include representatives from the RHA.

In 2007-2008, the RHA met six times in La Ronge, once in Creighton, and once in Pinehouse. Meetings in October and February were cancelled due to election restrictions and board governance educational sessions, respectively. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

As part of its ongoing commitment to board development, the RHA members also attended the SAHO Annual Conference and governance educational sessions.

Board members represent seven different communities in the region: Al Rivard, Chairperson, La Ronge; Mary Denechezhe, Vice-Chairperson, Wollaston Lake; Peter Bear, Sandy Bay; Larry Beatty, Deschambault Lake; William Dumais, Southend; Charlene Logan, Flin Flon-Creighton - Denare Beach; Al Loke, La Ronge; Ida Ratt-Natomagan, Pinehouse; Josie Searson, La Ronge; Louise Wiens, La Ronge; and Ron Woytowich, La Ronge. Tammy Cook-Searson of La Ronge resigned in July after serving ten years on the Board.

Front Row (left to right): Mary Denechezhe, Vice-Chairperson, Louise Wiens, Josie Searson, Ida Ratt-Natomagan, Charlene Logan.
Back Row (left to right): Al Rivard, Chairperson, Peter Bear, Al Loke, William Dumais, Larry Beatty, Ron Woytowich.

Community Advisory Networks:

Community Advisory Networks are to consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has established two committees – one committee in Creighton/Denare Beach/Flin Flon, SK and one in Pinehouse.

Mamawetan Churchill River Health Region
Payee Disclosure List
For the Year Ended March 31, 2008

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Autschon, Verna	$ 62,690	Matsee, Guy	$ 52,539
Ballantyne, Alison	62,948	Mackay, Michelle	66,593
Bartok, Deanna	75,424	Mayotte, Amanda	74,809
Beaudin, Donovan	83,371	Mcdonald, Evelyn	59,738
Bell, Ivy	56,554	McPhail, Wendy	63,969
Blaske, Barb	103,477	Meslin, Rachelle	113,954
Boyer, Audrey	63,541	Mikolayenko, Linda	76,350
Brelstad, Gregory	55,806	Mishak Beckman, Brenda	106,582
Bretberg, Lorene	55,183	Molnar, Kevin	55,869
Brown, Ken	55,151	Moore, Michelle	189,859
Burnouf, Glenda	65,944	Myslicki, Crystal	91,487
Caisse, Donald	62,677	Natewayes, Tanya	61,354
Cannon, William	123,269	Nefedow, Valerian	67,573
Carolus, Andrew	86,723	O'Brien, Katie	60,424
Chisholm, Kathleen	117,853	Ohm, Caroline	58,170
Christensen, Allison	65,126	Ohm, Harry	62,424
Croissant, Helen	62,533	Olsen, Joan	65,365
Desroches, Wendy	61,371	Penney, Cindy	98,965
Eckhart, Karen	59,706	Quinn, Brian	63,728
Erikson, Irene	66,071	Radloff, Jennifer	79,947
Ermine, Debbie	67,375	Ratt Mesponas, Caroline	60,899
Fikolomo, Ruth	88,700	Ray, Joanne	66,330
Fortman, Robert	55,723	Roessler, Diane	57,229
Fry, Michael	120,270	Ross, Loretta	70,166
Gadd, Svetlana	71,675	Sampson, David	76,961
Galloway, Justin	61,092	Schommer, Kimberly	62,891
Galloway, Pat	91,190	Schwartz, Elaine	65,958
Glass, Barry W	59,582	Senft, Laurie	64,106
Goulet, Millie	55,929	Senik, Jan	51,936
Graham, Bryce	97,202	Skalicky, Curtis	76,656
Gray, Janet	84,143	Slugoski, Deena	60,189
Greuel, Cindy	71,654	Smith, Phyllis	68,525
Grimard, Jo Anne	53,862	Stockdale, Donna	101,270
Haberman, Cory	84,018	Storozuk, Karen	65,195
Halland, Susan	89,776	Swann, Sheryn	84,235
Hallberg, Dianne	59,272	Sweet, Kathy	79,805
Haydukewich, Karen	77,019	Taggart, Debbie	69,878
Hesse, Bernard	86,344	Taylor, Patricia G	55,781
Hewson, Morley	67,892	Taylor, James	92,727
Hiderman, Debbie	59,847	Vandergucht, Francine	75,826
Hill, Russell	81,814	Watt, Teresa	83,326
Hintz, Crystal	60,089	Watt, Doris	87,517
Johnson, Jennifer	81,661	Williams, James	68,289
Keith, Heather	99,910	Wolkosky, Charmaine	53,098
Klassen, Ellen	91,095	Wolkosky, Patrick	109,322
Kowalczyk, Kenneth	89,090	Young, Stephanie	55,721
Kuffner, Wayne	77,754	Zarazun, Laurie	69,721
Legeboloff, Denise	73,593		

Mamawetan Churchill River Regional Health Authority
Payee Disclosure List
For the Year Ended March 31, 2008

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Federated Cooperatives Limited	$	214,931
Great West Life	$	71,824
J.A.Steyn Medical Professional Corporation	$	813,901
Gardiner, Napoleon	$	103,386
Hunchak, Jackie	$	53,216
Kamestastochewak Development Corporation	$	100,876
Medi-Cross Pharmasave	$	135,723
Ministry of Government Services	$	450,274
North Seak Laundry & Support Services	$	176,592
Northern Inter-Tribal Health Unit	$	55,222
Ortho Clinical Diagnostics	$	76,458
PEBA/Public Employee Pension Plan	$	124,262
Philips Medical Systems Canada	$	126,298
Ralph, Robert	$	84,671
Revenue Canada	$	3,669,821
Saskatchewan Association Health Organizations (S.A.H.O.)	$	68,717
S.A.H.O. Dental Benefits	$	97,913
S.A.H.O. Dip Benefits	$	120,374
S.A.H.O. Extended Health Care	$	216,439
Saskatchewan Housing Corporation	$	69,504
Saskatchewan Power Corporation	$	185,093
Saskatchewan Telecommunications	$	348,065
Saskatchewan Worker's Compensation Board	$	200,298
Saskatchewan Healthcare Employee's Pension Plan	$	986,333
Saskatchewan Government Employees Union - Local	$	64,475
Saskatchewan Government Employees Union	$	53,396
Schenn Health Care	$	104,588
Stoll, David	$	68,296
Sysco Food Services of Regina	$	143,348
Transwest Air	$	138,353

Performance Management Summary (Indicator Tables)

In support of the objectives of the Saskatchewan Ministry of Health, an accountability framework was developed that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the Ministry's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Ministry of Health website at www.health.gov.sk.ca.

*indicates a value for the three northern regions combined, and not Mamawetan Churchill River Health Region alone.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		June 2005 *(next scheduled date June 2008)*	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*		—— *(planned participation date May 2008)*	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		15	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		53%	86%	52% – 99%	*to be determined*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	105.42	*not applicable*	*not applicable*	*not applicable*
	HSAS	34.41			
	OOS/OTHER[1]	23.65			
	SUN	30.26			
	RWDSU[2]	*not applicable*			
	Organization as a whole	193.75			

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	55.13	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	0.10	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	0.21	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	146.28	84.78	32.83 – 351.02	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	52.89	48.46	18.95 – 131.14	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	76.6%	77.3%	73.3% – 80.2%	*to be determined*[3]
	HSAS	81.0%	79.9%	73.0% – 81.6%	*to be determined*[3]
	OOS/OTHER[1]	75.0%	81.8%	75.0% – 84.2%	*to be determined*[3]
	SUN	73.5%	74.0%	65.8% – 76.8%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	76.7%	77.2%	72.5% – 79.9%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	89.08	89.48	70.26 – 108.76	*to be determined*[3]
	HSAS	86.11	68.08	50.61 – 108.78	*to be determined*[3]
	OOS/OTHER[1]	64.36	50.23	41.95 – 70.10	*to be determined*[3]
	SUN	52.15	89.48	52.15 – 94.79	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	79.76	84.35	65.01 – 100.96	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		4.13	7.12	0.00 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		41.29	451.26	0.00 – 677.35	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		35.9%	*not available*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Financial					
Surplus (deficit)[30] *2007/2008*		$90,439	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*		0.4%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio)[30] *2007/2008*		1.14	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30] *2007/2008*		0.50	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	93.6%	89.4% – 97.1%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	97.8%	87.7% – 103.3%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	106.6%	75.8% – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	84.7%	81.5% – 88.7%	100%

Indicator		RHA Value	Provincial Value	Range	Target
Number of actual hours of operation for bone mineral densitometry (BMD) services[6] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis				*to be determined*
	Total				*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2007*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients				
	Number of home unit chronic hemodialysis patients				
	Number of north/south chronic hemodialysis patients				
	Number of people living with a kidney transplant				
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] (in days) *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10] *2006/2007*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				

Indicator		RHA Value	Provincial Value	Range	Target
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[11] *2006/2007*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult				
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		70	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education via Telehealth *2007/2008*		192	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth *2007/2008*		24	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	*not applicable*	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	*not applicable*	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	*not applicable*	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	*not applicable*	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	*not applicable*	99.4%	92.2% – 114.6%	100%
	Variance from target	*not applicable*	*not applicable*	*not applicable*	*not applicable*

Indicator		RHA Value	Provincial Value	Range	Target
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[13] *as at the end of Q2 2007/2008*		–	–	–	*to be determined*
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		*not applicable*	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		55.6	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	69.0	69.8	53.3 – 85.7	*to be determined*
	Measles	67.1	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		52%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	70	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	50	*not applicable*	50 – 100	
	LA – Licensed Accommodations	84	*not applicable*	46 – 100	
	SP – Swimming Pools	55	*not applicable*	55 – 100	
	Public Water Supplies	75	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		100.0%*	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	41.75*	25.13	19.95 – 41.75	*to be determined*
	Females	32.31*	23.30	16.36 – 32.31	

Indicator		RHA Value	Provincial Value	Range	Target
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	4.8	5.4	1.3 – 7.3	*to be determined*
	Prevalence	61.5	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[17] *2006/2007*		-8.0%	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		34.7%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		2.7	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		100.00%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	4,883	*not applicable*	*not applicable*	*not applicable*
	Q2	4,566			
	Q3	4,990			
	Q4	4,575			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	741	*not applicable*	*not applicable*	*not applicable*
	Q2	601			
	Q3	661			
	Q4	736			
	Year as a whole	2,739			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	0	*not applicable*	*not applicable*	*not applicable*
	New teams established	0			
	Enhanced teams	1			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		0.00%	0.76%	0.00% – 10.10%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	*not applicable*	173	5 – 51	*to be determined*
	Occupancy rate	*not applicable*	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	*not applicable*	15.1	10.2 – 19.1	*to be determined*
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		*not applicable*	4.9%	1.2% – 9.2%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[20] *2006/2007*		76.9%	73.2%	55.1% – 77.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*		15.1	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*		0.5	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[18,23] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[18,24] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*		10.8%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		7.4	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		5.1	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		17.7	15.7	12.9 – 31.1	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[26]	Circulatory Diseases	861.2*	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,126.0*	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	165.7*	222.9	63.5 – 376.5	
	Unintentional Injuries	2,781.8*	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	628.5*	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[27]	Males	61.8*	66.6	61.8 – 69.2	*to be determined*
	Females	63.2*	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[27]	Males	8.7*	11.2	8.7 – 12.1	*to be determined*
	Females	8.4*	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[28]	Males	72.1*	76.2	72.1 – 78.2	*to be determined*
	Females	76.1*	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[28]	Males	15.6*	16.9	15.6 – 18.0	*to be determined*
	Females	17.2*	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*[16]		47.95*	52.35	39.86 – 57.96	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*[16]	Overweight (BMI 25.0-29.9)	33.91*	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	24.19*	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*[16]	Active / moderately active	53.35*	48.62	38.60 – 53.35	*to be determined*
	Inactive	44.06*	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	2,485	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	834			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		101.7	*not applicable*	44.3 – 101.7	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	13.0	10.6	7.2 – 17.7	*to be determined*
	Females	12.6	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	35.3	14.3	8.6 – 35.3	*to be determined*
	Females	39.9	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.

11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.

14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

30 Values are based on data from final, unaudited financial statements.

Management Report

Mamawetan Churchill River Health Region
"Working together in wellness to promote, enhance and maintain quality of life."

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May 2, 2008

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by the Saskatchewan Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Board which acts as the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Kathy Chisholm
Chief Executive Officer

Kenneth J. Kowalczyk
Chief Financial Officer

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2008

Deloitte

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AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF THE
MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

May 2, 2008

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2008

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2008	Total 2007
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 2,321,338	$ 206,225	$ 18,373	$ 2,545,936	$ 2,485,910
Accounts receivable					
Saskatchewan Health - General Revenue Fund	78,783	-	-	78,783	198,075
Other	849,187	229,137	-	1,078,324	569,595
Inventory	170,763	-	-	170,763	207,529
Prepaid expenses	76,891	-	-	76,891	88,067
	3,496,962	435,362	18,373	3,950,697	3,549,176
Capital assets (Note 3)	-	10,131,754	-	10,131,754	10,262,860
Total Assets	$ 3,496,962	$ 10,567,116	$ 18,373	$ 14,082,451	$ 13,812,036
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 961,291	$ 5,429	$ -	$ 966,720	$ 757,301
Accrued salaries	439,908	-	-	439,908	369,252
Vacation payable	672,570	-	-	672,570	678,644
Deferred revenue (Note 5)	1,395,103	-	-	1,395,103	1,293,047
	3,468,872	5,429	-	3,474,301	3,098,244
Fund Balances					
Invested in capital assets	-	10,131,754	-	10,131,754	10,262,860
Externally restricted (Schedule 3)	-	293,843	18,373	312,216	266,382
Internally restricted (Schedule 4)	-	136,090	-	136,090	96,898
Unrestricted	28,090	-	-	28,090	87,651
Fund balances - (Statement 2)	28,090	10,561,687	18,373	10,608,150	10,713,792
Total Liabilities & Fund Balances	$ 3,496,962	$ 10,567,116	$ 18,373	$ 14,082,451	$ 13,812,036

Approved on behalf of the board of directors

(See accompanying notes to financial statements)

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2008

	Operating Fund			Restricted			
	Budget 2008	2008	2007 (Note 9)	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007 (Note 9)
REVENUES							
Saskatchewan Health - General	$ 18,677,850	$ 18,620,172	$ 16,959,071	$ 272,102	$ -	$ 272,102	$ 261,038
Other Provincial	462,059	509,821	487,194	-	-	-	-
Federal Government	60,983	173,408	183,753	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	189,075	198,198	280,866	-	-	-	-
Patient Fees	357,000	357,421	341,647	-	-	-	-
Out of Province (Reciprocal)	31,000	22,636	29,672	-	-	-	-
Out of Country	4,000	995	2,895	-	-	-	-
Donations	-	-	-	24,465	-	24,465	15,773
Investment	63,000	81,355	79,842	10,226	58	10,284	13,061
Ancillary	113,000	109,069	107,404	-	-	-	3,689
Recoveries	408,653	555,785	472,600	-	-	-	-
Other	24,895	10,694	-	6,100	2,212	8,312	7,039
	20,391,515	20,639,554	18,944,944	312,893	2,270	315,163	300,600
EXPENSES							
Province Wide Acute Care Services	125,281	142,882	133,146	-	-	-	-
Acute Care Services	5,600,825	6,011,809	5,523,872	459,625	-	459,625	433,931
Physician Compensation - Acute	43,000	41,178	56,500	-	-	-	-
Supportive Care Services	529,810	602,754	500,300	16,067	3,879	19,946	17,987
Home Based Service - Supportive Care	133,045	215,499	196,501	-	-	-	628
Population Health Services	3,089,013	2,556,034	2,472,192	-	-	-	-
Community Care Services	2,927,506	2,654,490	2,225,590	-	-	-	-
Home Based Services - Acute & Palliative	820,956	894,863	836,254	-	-	-	-
Primary Health Care Services	3,140,265	3,099,503	2,894,036	6,941	-	6,941	1,635
Emergency Response Services	704,444	791,499	706,953	-	-	-	-
Addictions Services - Residential	294,921	312,188	282,260	24,733	-	24,733	23,409
Physician Compensation - Community	682,512	843,830	655,996	-	-	-	-
Program Support Services	2,127,525	2,210,409	1,847,006	-	-	-	-
Special Funded Programs	160,167	159,428	233,119	-	-	-	-
Ancillary	12,245	12,749	12,240	-	-	-	-
Total Expenses (Schedule 1)	20,391,515	20,549,115	18,575,965	507,366	3,879	511,245	477,590
Excess (deficiency) of revenues over expenses	$ -	90,439	368,979	(194,473)	(1,609)	(196,082)	(176,990)
Fund Balances, beginning of year		87,651	(281,328)	10,606,159	19,982	10,626,141	10,803,131
Interfund transfers (Note 13)		(150,000)	-	150,000	-	150,000	
Fund balances, end of year		$ 28,090	$ 87,651	$ 10,561,686	$ 18,373	$ 10,580,059	$ 10,626,141

(See accompanying notes to the financial statements)

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW[1]
For the Year Ended March 31, 2008

	Operating Fund		Restricted Fund			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenues over expenditure	$ 90,439	$ 368,979	$ (194,473)	$ (1,609)	$ (196,082)	$ (176,990)
Net change in non-cash working capital (Note 6)	349,825	377,988	(315,263)	-	(315,263)	95,773
Amortization of capital assets	-	-	494,659	-	494,659	468,184
(Gain) on disposal of capital assets	-	-	(100)	-	(100)	-
	440,264	746,967	(15,177)	(1,609)	(16,786)	386,967
Purchase of capital assets						
Buildings/construction	-	-	(153,576)	-	(153,576)	(9,534)
Equipment	-	-	(209,976)	-	(209,976)	(197,781)
Proceeds on disposal of capital assets						-
Equipment	-	-	100	-	100	-
	-	-	(363,452)	-	(363,452)	(207,315)
Net increase (decrease) in cash & short term investments during the year	440,264	746,967	(378,629)	(1,609)	(380,238)	179,652
Cash & short term investments, beginning of year	2,031,074	1,284,107	434,854	19,982	454,836	275,184
Interfund transfers (Note 13)	(150,000)	-	150,000	-	150,000	-
Cash & short term investments, end of year (Schedule 2)	$ 2,321,338	$ 2,031,074	$ 206,225	$ 18,373	$ 224,598	$ 454,836
Amounts in cash balances						
Cash & short term investments	$ 2,321,338	$ 2,031,074	$ 206,225	$ 18,373	$ 224,598	$ 454,836

[1] Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

(See accompanying notes to the financial statements)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Mamawetan Churchill River Regional Health Authority was created by the Act. The Mamawetan Churchill River Regional Health Authority (RHA) is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of The Act.

The Mamawetan Churchill River Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the Federal, Provincial and Municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following CBOs and third parties to provide health services:

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 8 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

2. Significant Accounting Policies – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

2. Significant Accounting Policies – (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at fair value. Unrealized gains and losses are recorded in the Statement of Operations.

g) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i) Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

2. Significant Accounting Policies – (continued)

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 407,572	$ -	407,572	$ 407,572
Buildings	13,086,307	3,950,590	9,135,717	9,315,690
Equipment	3,035,334	2,446,869	588,465	539,598
	$ 16,529,213	$ 6,397,459	$ 10,131,754	$ 10,262,860

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next three years are as follows:

2009	68,965
2010	48,378
2011	10,031

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

5. Deferred Revenue

	Balance Beginning of Year (Note 9)	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health – General Revenue Fund				
Population Health (PHU)	$ 206,711	$ 1,215,266	$ 1,294,742	$ 286,187
Northern Regional Intersectoral Committee	24,348	75,997	81,964	30,315
Uranium Monitoring	97,118	113,954	57,540	40,704
Health Improvement Initiatives				
Aboriginal Awareness Program	553	2,521	2,010	42
Aboriginal Coordinator Career Development	265	265	-	-
Capital Facility Assessment	20,000	20,000	-	-
Children Mental Health	6,514	9,700	12,754	9,568
Dental Health Education	-	13,242	15,500	2,258
Diabetes Prevention	5,910	5,910	-	-
Health Information Protection Act	9,208	9,208	-	-
Health Workforce Retention Program	-	-	24,098	24,098
Infant Mortality	68,621	17,052	35,000	86,569
Injection Drug Use Strategy	17,316	820	-	16,496
Infection Control	-	98,953	117,000	18,047
Northern Healthy Community Partnerships	37,112	23,065	45,000	59,047
Northern Health Strategy Report	105,000	186,957	211,370	129,413
Nursing Education Staff Development	-	-	5,938	5,938
Nurse Mentorship Program	-	7,861	23,075	15,214
Occupational Health and Safety	19,752	34,171	32,835	18,416
Outreach Mental Health Services	-	2,841	38,000	35,159
Primary Health Care RN (N/P)	21,439	92,601	143,000	71,838
Primary Health Care Team Development	182,295	260,895	78,600	-
Professional Development	20,546	20,546	-	-
Project Hope - Promotion	42,046	78,551	80,000	43,495
Project Hope - Secure Youth Detox	27,647	88,261	100,500	39,886
Project Hope - Youth	11,660	271,660	260,000	-
SIMS & iPHIS	22,241	784	-	21,457
Stream 1 Funding	1,339	1,339	-	-
Tobacco Control	38,451	38,451	-	-
Type 2 Diabetes/KYRHA	20,346	12,560	-	7,786
Water Strategy	-	-	20,000	20,000
Workplace Wellness	-	24,992	26,174	1,182
Youth Sexual Wellness	112,926	197,926	85,000	-
Total Sask Health	$ 1,119,364	$ 2,926,348	$ 2,790,100	$ 983,116

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

5. Deferred Revenue – (continued)

	Balance Beginning of Year (Note 9)	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
Babies Books and Bonding	$ -	$ 15,592	$ 55,000	$ 39,408
Drop the Pop	970	4,507	25,000	21,463
Health Quality Council	8,450	3,275	-	5,175
Kids First North Mental Health	-	89,166	103,500	14,334
Kids First North Pre Natal Calendar Project	-	438	10,150	9,712
Kids First North Screening	2,070	59,998	80,500	22,572
Lateral Violence	-	6,776	10,000	3,224
Northern Health Strategy	43,483	149,383	211,800	105,900
Northern Human Services Partnership	76	76	-	-
Northern Regional Intersectoral Committee	23,000	-	-	23,000
Population Health - Safe Food Handlers	550	550	-	-
Population Health - Plumbing Inspections	1,045	1,045	-	-
SRNA Quality Workplace Program Agreement	8,279	-	-	8,279
Type 2 Diabetes/KYRHA	300	300	-	-
Uranium Monitoring	79,460	-	79,460	158,920
Total Non Sask Health	$ 167,683	$ 331,106	$ 575,410	$ 411,987
Total Deferred Revenue	$ 1,287,047	$ 3,257,454	$ 3,365,510	$ 1,395,103

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
(Increase) Decrease in accounts receivable	$ (182,304)	$ 1,172,303	$ (207,133)	$ -	$ (207,133)	$ 10,555
Decrease (Increase) in inventory	36,766	19,223	-	-	-	-
Decrease (Increase) in prepaid expenses	11,176	(16,107)	-	-	-	-
Increase (Decrease) in accounts payable	311,549	(278,317)	(102,130)	-	(102,130)	91,218
Increase (Decrease) in accrued salaries	70,656	(368,679)	-	-	-	-
(Decrease) Increase in vacation payable	(6,074)	76,270	-	-	-	-
Increase (Decrease) in deferred revenue	108,056	(226,705)	(6,000)	-	(6,000)	(6,000)
	$ 349,825	$ 377,988	$ (315,263)	$ -	$ (315,263)	$ 95,773

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2008, was $26,682 (2007- $25,522). These amounts are not reflected in the financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2008	2007
Revenues		
Saskatchewan Government Insurance	$ 38,004	$ 118,368
Kids First North	149,602	155,364
Northern Medical Services	418,078	402,802
Other RHA's	205,052	138,232
Other	30,351	93,992
	$ 835,087	$ 908,758
Expenditures		
Saskatchewan Association Health Organizations	$ 538,087	$ 558,084
Ministry of Government Services	460,274	414,954
Workers Compensation Board	200,298	199,460
North Sask Laundry & Support Services Ltd.	176,592	179,418
Saskatchewan Telecommunications	389,282	196,418
Public Employees Superannuation Plan	161,095	151,724
Saskatchewan Healthcare Employer's Pension Plan	986,333	962,694
Saskatchewan Power Corporation	105,093	151,724
Other RHA's	-	194,619
Saskatchewan Government Employees Union	54,707	54,651
Saskatchewan Housing Corporation	69,504	35,258
Saskatchewan Population Health and Evaluation Research Unit	-	27,000
Other	77,222	79,230
	$ 3,203,487	$ 3,205,234

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

8. Related Parties – (continued)

	2008	2007
Accounts Receivable		
Other RHA's	$ 150,791	$ 128,647
Saskatchewan Association Health Organization	14,846	-
Northern Medical Services	115,200	-
Kids First North	46,420	47,336
Other	14,351	-
	$ 347,608	$ 175,983
Prepaid Expenditures		
Workers Compensation	$ 41,634	$ 45,568
Accounts Payable		
Ministry of Government Services	$ 22,779	$ 14,395
Saskatchewan Telecommunications	15,249	93,906
Saskatchewan Association Health Organization	25,562	-
Saskatchewan Healthcare Employee's Pension Plan	112,296	99,890
Other RHA's	-	28,842
Other	23,692	22,103
	$ 199,578	$ 260,136

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2008	2007
Creighton Alcohol and Drug Abuse Council Inc.	142,000	142,407
La Ronge Emergency Medical Services	648,728	571,135
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	35,840	35,840
	$ 863,336	$ 786,150

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

9. Comparative Information

Certain 2006-2007 balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's obligation to the plans is limited to making required payments for its participating employees for current services. Pension expense for the year amounted to $614,198 (2007 - $579,114) and is included in benefits in Schedule 1.

Effective September 24, 2007, contribution rates are as follows:

7.0% (5.0% - 2007) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
7.0% (5.0% - 2007) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

11. Budget

The RHA Board approved the 2007-2008 budget plan on May 24, 2007.

12. Financial Instruments

a) Significant terms and conditions

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

12. Financial Instruments – (continued)

Loan Guarantee

Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. This company supplies laundry services to its owners for a fee that is intended to insure the company has sufficient cash flows to operate effectively. The company is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. In February 2005, the Board of Directors passed a resolution to guarantee a $100,000 operating loan for the laundry service, which is (1/4) of our proportionate share. The liability of Mamawetan Churchill River Regional Health Authority is limited to $43,456 (2007- $62,225).

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short-term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

d) Operating Line of Credit

The RHA has a line of credit of $500,000 (2007- $500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line of credit in 2008 was $nil (2007 - $nil). The line of credit was approved by the Minister on June 19, 2002.

e) Other Financial Instruments

The RHA classifies its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

12. Financial Instruments - (continued)

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading and has a carrying value that approximates fair value due to the short term nature of the investment. Accounts receivable are classified as loans and receivables are carried at amortized cost.

Accounts payable, accrued salaries and vacation payable are classified as other liabilities and are carried at amortized cost.

The RHA selected April 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31,2008, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ (45,000)	$ 45,000	$ -	$ -	$ -	$ -
Capital asset purchases	(105,000)	105,000	-	-	-	-
	$ (150,000)	$ 150,000	$ -	$ -	$ -	$ -

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

15. Community Generated Funds - (continued)

Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $18,373 (2007 - $19,982) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

17. Change in Accounting Policy

Effective April 1, 2007, the RHA adopted the new CICA Handbook Section 3855 - Financial Instruments - Recognition and Measurement, Section 3862 - Financial Instruments – Disclosure and Section 3863 - Financial Instruments – Presentation.

Upon the adoption of the new standards, the impact of applying this change in accounting policy retroactively without restatement, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading was as follows:

April 1, 2007

Investments fair value adjustments	$ 0
Total assets	$ 0
Unrestricted fund balance fair value adjustments	$ 0
Total liabilities and fund balances	$ 0

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As March 31, 2008

17. Change in Accounting Policy - (continued)

Upon the adoption of the new standards, the impact of applying this change in accounting policy for the year ended March 31, 2008 to recognize fair value adjustments for gains and losses on financial instruments held-for-trading was as follows:

March 31, 2008

Increase (decrease) in (name of IS line FV adjustments included in)	$ 0
Increase (decrease) in net income	$ 0

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007 (Note 9)
Operating:			
Board costs	$ 246,700	$ 157,739	$ 219,087
Compensation - Benefits	2,280,119	2,442,515	2,220,574
Compensation - Salaries	11,119,382	11,389,802	10,177,735
Diagnostic imaging supplies	21,500	17,932	19,468
Drugs	197,075	192,532	185,177
Food	166,650	160,228	153,875
Grants to ambulance services	721,336	643,743	643,743
Grants to third parties	324,000	311,563	319,614
Housekeeping and laundry supplies	31,382	21,540	29,243
Information technology contracts	25,138	43,714	33,437
Insurance	34,963	35,619	34,568
Interest	9,825	32,391	22,896
Laboratory supplies	100,000	106,934	90,946
Medical and surgical supplies	217,048	240,738	215,703
Medical remuneration and benefits	650,000	819,321	755,583
Office supplies and other office costs	268,615	270,088	259,432
Other	720,078	669,001	778,919
Other referred out services	205,400	203,875	57,497
Professional fees	105,724	162,713	107,067
Prosthetics	-	-	-
Purchased services	753,045	672,735	818,420
Rent/lease costs	878,068	798,084	411,149
Repairs and maintenance	81,038	74,020	55,265
Service contracts	136,328	104,142	96,078
Travel	780,180	630,672	571,060
Utilities	317,921	347,474	299,430
	$ 20,391,515	$ 20,549,115	$ 18,575,965
Restricted:			
Amortization		$ 494,658	$ 468,184
(Gain) on disposal of fixed assets		(100)	-
Other		16,687	9,406
		$ 511,245	$ 477,590

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2008

	Amount
Restricted Investments*	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 13,656
Flin Flon Royal Bank	1,351
Flin Flon Credit Union	3,366
La Ronge CIBC	206,225
Total Cash & Short Term Investments	$ 224,598
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Restricted Investments	**$ 224,598**
Unrestricted Investments	
Cash and Short Term	
Chequing and Savings - CIBC	$ 2,321,338
Total Cash & Short Term Investments	$ 2,321,338
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Unrestricted Investments	**$ 2,321,338**
Total Investments	**$ 2,545,936**
Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 2,545,936
Total Long Term	$ -
Total Investments	**$ 2,545,936**

* Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Saskatchewan Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b[ii] and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 9,222	$ 2,044	$ -	$ (2,274)	$ -	$ 8,991
Weyakwin Home Care	2,369	4	-	(300)	-	2,073
Creighton Home Care	3,216	160	-	(10)	-	3,366
Sandy Bay Home Care	2,377	-	-	(1,026)	-	1,351
Pinehouse Home Care	2,799	62	-	(269)	-	2,592
Total Community Trust Fund	**$ 19,982**	**$ 2,270**	**$ -**	**$ (3,879)**	**$ -**	**$ 18,373**

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

Schedule 3 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008

CAPITAL FUND

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
	(Note 9)			
Architectural Blueprints	$ 10,978	$ -	$ -	$ 10,978
Medical Equipment	30,455	-	-	30,455
Acute Care Medication Cart	8,000	-	-	8,000
Assessment Tables (4)	12,000	-	-	12,000
ER/Home Care Renovations	9,965	-	9,965	-
Automatic Floor Scrubber	5,935	-	5,935	-
Sandy Bay Air Conditioning Installation	6,941	-	6,941	-
Diagnostic Imaging Equipment	17,759	-	17,759	-
Bucky Diagnostic Celing System	105,079	-	105,079	-
Dental X-Ray Machine	5,363	-	5,363	-
Telehealth	12,394	-	12,394	-
LTC Medication Carts	5,956	-	5,956	-
Air Quality Testing Units (2)	8,030	-	8,030	-
Vaccine Fridges (2)	7,546	-	7,546	-
Tuttnauer Automatic Sterilizer	-	12,933	12,933	-
Network Switches	-	12,861	12,861	-
Network Storage Devices	-	10,721	10,721	-
Electric Beds (4)	-	15,000	-	15,000
Antibiotic Pump (Safe IV Push Medication)	-	6,000	-	6,000
Pro-Paq Vital Signs/ECG Monitor	-	24,000	-	24,000
Air Compressor Units for Dental Drills	-	11,000	-	11,000
Dental Cart (PH)	-	7,264	-	7,264
Power Door Lock	-	3,177	3,177	-
Outdoor Lighting	-	6,000	-	6,000
Pinehouse Patient Room Renovations	-	5,000	-	5,000
Storage Building Temperatur Sensor	-	5,000	-	5,000
CSR Renovations & Locking Drug Cabinet	-	6,044	-	6,044
Security System - Panic Buttons	-	5,000	-	5,000
Safety Lifting Equipment	-	142,102	-	142,102
Total Capital Fund	**$ 246,401**	**$ 272,102**	**$ 224,660**	**$ 293,843**
TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 266,383**	**$ 274,372**	**$ 228,539**	**$ 312,216**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2008

	Balance Beginning of Year	Net Income Allocated	Transfer from Externally Restricted Fund Balance (from unrestricted fund)	Tranfer to investment in capital asset fund balance	Balance End of Year
Total Capital	$ 96,898	$ 28,083	$ 156,941	$ 145,832	$ 136,090

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

SCHEDULE OF

BOARD MEMBER REMUNERATION

For the year ended March 31, 2008

BOARD MEMBER REMUNERATION

for the year ended March 31, 2008

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2008 TOTAL	2007 TOTAL
Al Rivard	9360	9,386	3,683	-	4,640	967	28,642	40,588
Al Lake		3,238	541	-	803	7	4,589	10,678
Charlene Logan		5,987	2,486	-	4,327	135	10,935	18,011
Ida Ratt Natomagan		3,732	1,573	-	3,004	97	8,406	14,123
Jesse Searson		4,113	479	-	1,194	38	5,824	5,978
Larry Beatty		2,190	1,020	-	1,939	12	5,071	15,098
Louise Wiens		3,273	932	-	1,334	-	5,539	8,514
Mary Deseschezhe		3,803	5,327	-	7,443	300	16,873	25,919
Peter J. Bear		2,577	2,997	-	4,703	90	10,367	18,806
Ron Woytowich		3,288	479	-	1,105	-	4,872	11,316
Tammy Cook Searson		875	239	-	385	-	1,499	4,698
William Dumas		2,712	1,911	-	3,265	54	7,942	8,379
TOTAL	**9,960**	**43,084**	**21,667**		**34,148**	**1,700**	**110,559**	**179,909**

Schedule 6

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
SENIOR MANAGEMENT SALARIES, ALLOWANCES, BENEFITS AND SEVERANCE
For the year ended March 31, 2008

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SERVICES
for the year ended March 31, 2008

	2008					2007		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Kathy Chisholm, CEO	$ 117,651	$ 15,280	$ 132,931	$ -	$ 132,931	$ 112,875	$ -	$ 112,875
Lorne Chabot, CEO	-	-	-	-	-	14,118	-	14,118
Barb Bonnie Ens, Director Acute and Continuing Care	101,135	13,177	114,312	-	114,312	109,798	-	109,798
Jill Beatty Johnson, Director of Primary Care	-	-	-	-	-	50,287		
Kenneth Kowalczyk, CFO	87,061	12,361	99,422	-	99,422	96,909	-	96,909
Susan Halland, Director of Human Resources	87,150	12,351	99,501	-	99,501	98,210	-	98,210
Teresa Watt, Director of Information	80,983	12,074	93,057	-	93,057	34,619	-	34,619
Kathy Chisholm, Director of Population Health Unit	-	-	-	-	-	7,026	-	7,026
Donna Stockdale, Director of Population Health Unit	93,927	17,615	111,542	-	111,542	100,945	-	100,945
Leah Sandbeck, Director of Risk Management	20,138	2,939	23,077	84,693	107,770	53,415	-	53,415
Curtis Brassley, Director of Information Systems	39,051	6,141	45,192	-	45,192	-	-	-
Linda Mihalicz, Director of Communications	74,120	11,558	85,678	-	85,678	60,844	-	60,844
Brenda Michael Beckman, Dir. of Primary Care	102,773	14,117	116,890	-	116,890	99,384	-	99,384
Wayne Kuffner, Director of AFHS	75,412	11,602	87,014	-	87,014	79,626	-	79,626
Sharon Deans, Director of Mental Health	80,077	12,451	92,528	-	92,528	88,814	-	88,814
Total	$ 959,478	$ 141,666	$ 1,101,144	$ 84,693	$ 1,185,837	$ 1,006,870	$ -	$ 1,006,870

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump-sum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, relocation for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc. As well as any other taxable benefits.

Appendix A

Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Health Region. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our health region is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 16 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information contact the Director at 306-425-6600.

The New Beginnings Family Intervention Program of the Mamawetan Churchill River Health Region partners with Children North - Early Childhood Intervention Program to provide intervention and prevention services to address Fetal Alcohol Spectrum Disorder (FASD) issues.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Health Region is represented on the Steering Committee by the Medical Health Officer. Recent initiatives involved a survey to review social impacts (and recommendations for mitigation) of the 7-in/ 7-out work schedule for miners from northern communities, and a review of the challenges for far northern communities in the area of high school education

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Health Region, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community.

CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. A dental program is located at the school, and public health nurses provide immunizations and educational programs.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services, which pays for the original training and equipment. The health region, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the health region, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach, Deschambault Lake and Sandy Bay areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded thought Health Canada, the Hatchet Lake First Nations Health Services provides health care to residents of the area. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Health Region has participated in a number of HQC initiatives including the Chronic Disease Collaborative, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Health Region is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Health Region staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health.

La Ronge and Area Fetal Alcohol Spectrum Disorder (FASD) Prevention Team

A number of partner agencies, including the health region, comprise the FASD Prevention Team in La Ronge and area with the following commitment: to empower our communities to live

healthy lifestyles to prevent FASD; to empower our communities to support pregnant women in their efforts to eliminate prenatal alcohol consumption; and to provide support for those living and working with FASD. Each year, the team holds an event to mark International FASD Day on September 9.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the health region, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A primary care nurse, employed by the health region, works in partnership with the staff at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan. There are eleven physicians and an administrative support team, in addition to the primary care nurse.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians that are based here also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Health Region collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Health Region staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority is located in northern Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Sturgeon Landing, Pelican Narrows, Sandy Bay, Deschambault Lake and Peter Ballantyne Cree Nation. A funding agreement for the provision of these services exists between the two provinces. Al Rivard, the Chair of the Mamawetan Churchill River Regional Health Authority, also serves on the Board of the NOR-MAN RHA.

NorSask Laundry

NorSask Laundry is a non-profit organization whose purpose is to provide linens for the following health regions: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. MCRRHA Board Member Charlene Logan sits on the Board of NorSask Laundry, and the region is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the health region. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four health regions, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit represents the Mamawetan Churchill River Health Region on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Health Region collaborates with NITHA in initiatives such as the Northern Health Strategy, Northern Pandemic Forum and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Health Strategy

The Northern Health Strategy attempts to address some of the challenges faced by health organizations in Northern Saskatchewan. These include jurisdictional complexities in service delivery; diseconomies of scale; human resource issues (recruitment and retention difficulties); geographic dispersion, small population, and small community size (often remote/isolated). The Mamawetan Churchill River Health Region is the accountable partner with respect to federal and provincial funding. The Chief Executive Officer of the health region co-chairs the Northern Health Strategy Working Group.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) evolved from the Northern Diabetes Coalition. As part of a north-wide population health promotion strategy, NHCP has representation from a variety of sectors (education divisions, recreation, etc.) throughout the North, including the Mamawetan Churchill River Health Region. Currently, NHCP initiatives are led by the Active Communities Team, the Healthy Eating Team, and a Literacy Advisory Committee responsible for the *Babies, Books and Bonding* program. NHCP is also a vehicle for networking on other health promotion initiatives related to substance abuse and mental well-being.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to anyone that

is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost $.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders. Ron Woytowich represents the Mamawetan Churchill River Regional Health Authority. Region staff also participate. For further information, contact the coordinator, Karen Eckhart, by calling 306-425-6640.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Health Region participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Health Region (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northern Pandemic Forum

The Mamawetan Churchill River Health Region participates in the Northern Pandemic Forum, along with the Saskatoon Health Region, Prince Albert Parkland Health Region, Prairie North Health Region, Kelsey Trail Health Region, Athabasca Health Region, Keewatin Yatthé Health Region, Heartland Health Region, Northern Inter-Tribal Health Authority, and representatives

from First Nations & Inuit Health. The purpose is to allow for collaborative planning and mutual support in preparation for a pandemic influenza.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Health Region collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides training space at the La Ronge Health Centre and practicum work placements.

Nursing Education Program of Saskatchewan (NEPS)

NEPS is a partnership of SIAST's Nursing Division, the University of Saskatchewan's College of Nursing and the First Nations University of Canada, Northern Campus. The Mamawetan Churchill River Health Region provides opportunities for clinical practicum placements for nursing students.

Other Health Regions/Service Providers

In alphabetical order, here is a list of other health regions and other health service providers in Saskatchewan, and the links to their websites:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatchewan Cancer Agency
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area.

Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Health Region is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Health Region works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, a Mothers' Social Circle, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The health region works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Organization of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. It provides its more than 150 members with leadership, services and a common voice. Divisions include Employee Benefits, Finance & Administrative Services, Labour Relations, Materials Management Services, Member Relations & Communications, Information Services and Workplace Health, Safety & Education Services. Louise Wiens represents MCRRHA on the SAHO Board.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchases and maintains a Handivan for the use of Health Region homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas: Meals on Wheels, Friendly Visiting, Dial-a-friend, Activities, Wellness Clinics, Transportation, Palliative Care, Phoning Tree and Gift Shop. Volunteers may read and record the local newspaper or bake for various functions. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.